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THE AMERICAN PRACTITIONER.

JUNE, 1878.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

THE NEUROSAL AND REFLEX AFFECTIONS OF THE HEART.*

BY J. MILNER FOTHERGILL, M. D., M. R. C. P.

It has been stated by several writers on diseases of the heart that patients who present themselves to a physician, complaining of their hearts directly, never suffer from heart disease unless they have been previously told that their hearts are affected. This was in accordance with his own experience, and of all patients with neurosal affections of their hearts medical men were themselves the least satisfactory patients. They, unfortunately for their own peace of mind, knew enough of the subject to put the very worst construction upon their symptoms that they could possibly bear, and could not rest satisfied with the statement that the affection was only a nervous one, but in a few days or weeks had restored all their fears and apprehensions as to the interpretation of their symp-

* Abstract of the concluding lecture of a series delivered at the West London Hospital, on the Diseases of the Heart, with Special Reference to Causation and Treatment.

toms. The ordinary patient was only too glad to take the physician's word for it, and go away rejoicing.

The neurosal affections of the heart are mainly palpitation, irregularity and intermittency, though syncope could not be excluded. The vascular system is largely under the influence of the emotions, which variously affect it. Thus, in agitation or terror the peripheral vessels are contracted and the features blanched, while other emotions would dilate those vessels and suffuse the face with a blush. The blush, however, is not confined to the face, and Dieffenbach once observed a blush to spread over the whole cutaneous area. The condition of the circulation, under various emotions, has attracted the attention of poets and other writers. When the blood-vessels are dilated by emotion, the heart's action is excited, and the voluntary control over this condition is called "coolness." On the other hand, when the peripheral vessels are contracted, there is a rise in the arterial blood pressure, and an increase in the bulk of urine passed, as seen in the case of candidates for examination and in hysterical attacks in women. Voluntary effort will in some persons show the action of the heart, and pressure on the vagus, as by a tumor, will achieve the same effects, as in the case of the late Czermak of Prague. A well known case of arrest of the heart's action by a tumor on the vagus, which occurred in Heine's wards in Vienna, is related by Romberg, in his Diseases of the Nervous System (Vol. II). Neurosal angina pectoris is a truly nervous affection, commonly found in women about the menopause. It is essentially different from pure angina, which is caused by spasm of the peripheral arterioles.

The most common neurosal affection of the heart is palpitation, and it occurs much more readily with some persons than others. In order to appreciate each case of palpitation, it was necessary to remember that it was due to several conditions; and it might be well to eliminate the other conditions before proceeding to review the truly neurosal form. Thus, it was often found with a debilitated condition of the muscular walls of the heart, as in dilatation where palpitation is readily

induced by effort. Here there is a rise in the internal pressure within the cardiac chambers in diastole, and then active ventricular contractions were set up, as seen in the second lecture on the production of hypertrophy. Here palpitation was an actual sign of debility. At other times it was found in persons the subjects of gout or lithiasis, and especially ladies at or about the menopause. Here the cause was peripheral spasm, with a rise of blood pressure in the arteries and increased obstruction to the ventricular systole. In the form of palpitation associated with muscular failure, digitalis or strychnia or belladonna were indicated; in the other form, relaxation of the contracted arterioles by the inhalation of amyl was the correct line of treatment, just as amyl affords relief in true angina pectoris. Then there was palpitation which was truly a neurosal affection, and which was most commonly found in women. It might be either reflex or a true neurosis of the cardiac ganglia, just as hooping cough is a neurosis of the respiratory center. As to reflex palpitation it was often produced by a prolapsed uterus, coming on with the displacement and stopping abruptly on the replacement of the womb to its normal position. At other times, and most commonly, it was associated with some ovarian disturbance, as congestion or neuralgia. Indeed, the waves of nerve perturbation set up in an abnormal ovary might produce dyspepsia, a neurosal cough, palpitation or neuralgia, facial or intercostal, according as to where the nerve waves terminated—the disturbance being felt at the terminal end, just as ivory balls are hung in a row and one terminal one is struck, it is the one at the other end which flies off.

In some girls the heart seems swung in a very fine nerve balance, so that it is abnormally susceptible to any disturbing influence. Such is the case with two out-patients at the West London Hospital, mother and daughter. There is in both an excitable heart palpitating on the slightest cause, and apparently at times without any obvious cause. In the case of the mother a practical cure had been attained after some time by the continuous administration of quinia and hydrobromic

acid; but in the daughter little benefit had been derived from any method of treatment. In a similar case in a Jewess, at Victoria Park Hospital, for weeks no progress was made, when suddenly a change for the better set in and was maintained. Here the bromide of potassium with the tincture of steel was persevered with.

In some persons the heart was so readily excited, that the term "a badly behaved heart" seemed not inappropriate. The heart has been placed by the older physiologists as the seat of the emotions, and certainly it was easily perturbed by conditions of excitement in the reproductive organs. With some women, and men too, even moderate indulgence in the nuptial rite causes great disturbance in the heart's action, causing it to be unrhythmic as well as to palpitate: such was not rarely the case with people living under the most favorable circumstances in the country, as squires and clergymen. It was, however, necessary to be very cautious about the advice tendered under those circumstances.

As to the line of treatment to be adopted in each case of palpitation, it must depend upon the features of each case. Where there was a displaced womb, it should be restored to its proper position without delay. Where it was causally associated with ovarian congestion, a blister over the ovary, together with sulphate of magnesia and full doses of bromide of potassium, to lessen the conductivity of the nervous tracts, were usually of great service. Where the palpitation is due to a susceptible set of cardiac ganglia, then it was well to give the bromides, with or without iron, as might be required. At times palpitation might not be due to disturbance in the cardiac ganglia themselves, but to sudden changes in the peripheral arterioles—where rapid oscillations in the arteriole caliber lead to changes in the arterial tension, and with that to modifications in the cardial action: in these cases tonics, or the union of them with the bromides in some form, were generally indicated, as where the palpitation is of truly cardiac origin. In two maladies—chorea and Graves's disease—the action of the heart is greatly disturbed, and is often so

violent that it seems as if the heart would shatter off the chest-walls over it. In chorea the palpitation subsides with the other symptoms; in Graves's disease, the palpitation is very little amenable to treatment, and of all remedies belladonna is the one most often useful.

In considering this subject, the question arises, "Are neurosal affections of the heart on the increase?" An affirmative answer must be given in the case of men at any rate. Dr. Da Costa observed, during the American civil war, a form of cardiac disturbance which he termed "Irritable Heart." A soldier, who had been engaged in active service, got either an attack of ague or diarrhoea, or something else which pulled him down. On rejoining his command, it was found he could not perform long marches without attacks of dizziness, the heart's action being irregular. The alteration in the number of beats per minute, on rising from the recumbent posture, was abnormally great. Exertion was badly borne. The treatment varied with each case. In some, cardiac sedatives, like aconite, were useful; in others digitalis and strychnia did more good: in fact, the condition in each guiding the treatment. And this experience of Da Costa's will be found that of others in dealing with the neurosal affections of the heart.

The next form of disturbance of the heart is irregularity, not amounting to intermittency. Dr. B. W. Richardson has likened it to the strokes of a smith on the anvil, when he changes the action for a moment and then rings again in regular time. It has seemed rather to be like the change of a horse's feet when cantering. Here the heart seems as it were to roll over, and then go on again. At times the beat, following the irregularity, is of unwonted force. Such irregularity is very common with dilated hearts, and when found along with palpitation on slight effort is of high diagnostic value. In other cases it is of no moment, and is a mere peculiarity. The longer the interval betwixt its halt the less significant it is, especially if the frequency be not increased by exertion.

Intermittency of the heart's action is a halt of the ventricular contraction over one auricular contraction; a second auricular contraction occurring before the movement is conveyed to the ventricle. This had been demonstrated by experiment. Dr. Richardson had shown conclusively that intermittency might be a mere nervous phenomenon caused by shock, fright or depression; that it was found in animals, and even in the human infant at birth. At other times, however, it is found along with evidences of decaying arteries and a failing. Such was the view of Dr. Hayden and others. Here probably it was due to imperfect nutrition of the cardiac ganglia, as well as the other tissues of the heart; and though a purely nervous disturbance, it was diagnostically and prognostically very suggestive. The opinion of Dr. George Balfour that slight intermittencies readily yield to treatment was indorsed. Sometimes the intermittency was apparent rather than real; the ventricular contraction failing to reach the radial pulse. The value of intermittency varied with its surroundings; it might be of great import or of no moment.

Closely allied to this cardiac halt was the abnormally slow pulse found in some persons, indeed in some families. It often went with great vigor and endurance, and was not then a malady. If, however, either in the intermittent or the slow pulse, the brain falters for want of arterial blood, then it distinctly was a morbid state.

In conclusion, it might be said that having found a cardiac murmur or an intermittent action, the harder task commenced of finding out its value and its importance; and in so far diseases of the heart were not matters to be settled by the stethoscope, however useful that instrument might be. The true diagnosis rests on something more than the mere recognition of the physical signs.

LONDON, ENG.

CLINICAL CASES ILLUSTRATING CERTAIN OBSCURE
MORBID CONDITIONS OF THE PELVIC
VISCERA IN THE FEMALE.

BY N. S. DAVIS, M. D.

CASE I. Mrs. M., aged thirty years, in the autumn of 1875, came under my care on account of what she called "falling of the womb," and inability to walk, or even to stand on her feet, more than a few moments. Her history was given as follows: About two and a half years previously she had been delivered of her first child. She had suffered unusually from nausea and vomiting during the greater part of her pregnancy, and at the time of confinement the labor was so protracted and severe that her physician completed it by using the obstetric forceps. Retention of urine followed, requiring the use of a catheter for several days; and there was so much local inflammation in the vagina and adjacent parts that she had considerable febrile reaction for six or eight days. Then followed sore nipples, some inflammation of the breasts, and the final drying up of the milk. At the end of three months after her confinement she could sit up, but could not walk without difficulty on account of lameness and a feeling of giving way at the symphysis pubis, and a sense of weakness through the whole pelvic cavity. There was also a peculiar sense of weakness in the region of the broad ligaments, and a feeling as though the womb and contents of the pelvis were passing down low in the vagina as soon as she assumed the upright position. Nearly all these unpleasant symptoms disappeared as soon as she resumed the horizontal position. A morbid sensitiveness to pressure, however, was manifest at all times over the right inguinal region anteriorly, and just above the sacro-iliac junction of the same side posteriorly. These symptoms were attributed to partial prolapsus or "falling of the womb," and her physician endeavored to afford relief by introducing a pessary. This instead of relieving rather increased

the unpleasant feelings of the patient, and was soon removed; and the patient remained most of the time in a recumbent position. Without undergoing much change in her general condition she menstruated regularly three or four months, and then ceased to do so. Soon after the cessation of the monthly flow, she began to suffer some from nausea and constipation, with an increase of the bad feelings in the pelvis and loins.

She now passed under the care of another physician, who attributed all her symptoms directly to chronic inflammation of the uterus and its appendages, and immediately commenced weekly local applications of some kind through the speculum. In a few weeks flowing with labor pains supervened, ending in an abortion. As soon as the immediate effects of the abortion had passed by, the local applications to the os and neck of the uterus were resumed and continued for several months, but without any improvement in the condition of the patient.

After keeping her bed continuously for more than nine months, she came under my care, presenting the following symptoms: General aspect moderately anemic, though not emaciated; pulse soft or weak, but natural in frequency; temperature natural; tongue clean; appetite moderate; bowels a little inclined to be costive; and urine less than natural. The menstrual periods were natural in frequency, but scanty in the amount of flow, and very little leucorrhœal discharge in the intervals. There was still moderate tenderness to pressure in the right inguinal region, with occasional pains there and in the loins. She was nervous and wakeful at night, despondent during the day, with a feeling of fluttering or trembling on making the least exertion. But that which gave her the greatest annoyance and anxiety was such a feeling of weakness, through the lower part of the abdomen and pelvis, that she would not sustain the upright position either sitting or standing five minutes without trembling and faintness. To use her own expression, when in the upright position she felt as though there was no support to the lower part of the abdomen, and that the womb was pressing down to the vulva.

So real did this impression appear to her that it was difficult to persuade her to assume the upright position for any purpose; hence, she was still very positive that she was suffering from uterine displacement. But, on making a careful per vaginam examination, I found the uterus high up, natural in size and position, and free from all appearances or indications of disease, except a slight tenderness to the touch and the sending of pain up through the direction of the right broad ligament when it was pressed upward. The vagina was roomy, and its walls apparently thin and lax; the abdominal muscles were also thin and flaccid. The patient, however, insisted that the womb "came down" whenever she sat upright or stood on her feet. To determine this, I repeated the vaginal examination with the patient standing on her feet, leaning against the edge of the bed, but without finding any noticeable displacement in any direction.

From the present condition of the patient and her previous history, I inferred that all her morbid sensations and inability depended on an altered condition of the nerves supplying the viscera of the pelvis, more especially the uterus and its appendages. The impairment of her nervous system by the long suffering from nausea during her pregnancy, ending with a severe and protracted labor, during which the nerves and soft parts within the pelvis were subjected to injurious pressure, were circumstances well calculated to induce morbid conditions of sensibility and impairment of nutrition in the injured parts within the pelvis, which would be slow in recovering. The early failure of the lacteal secretion and return of menstruation, followed by a second pregnancy; and this again followed by cauterizing applications to the os and neck of the uterus and an abortion, not only renewed but greatly increased all the evils resulting from her regular confinement. When the local inflammatory actions resulting from these causes had subsided, the pelvic tissues were left in a state of greater impairment, both in structure and sensibility, than before, while the long confinement in the horizontal position had rendered her abdominal muscles flaccid and weak.

Taking this view of the history and present condition of the patient, I advised an entire omission of all special applications to the uterus and of all instruments. She was allowed to use, once a day, a weak solution of sulphate of zinc and morphia as a vaginal wash, and to take internally the following prescriptions:

R	Oxide of zinc,	3 iss
	Ext. scutellaria,	40 grs.
	Ext. nux vomica,	15 grs.
	Ext. cannabis ind.,	15 grs. M.

Divide into forty pills, and give one before each meal-time.

This was intended to lessen morbid sensibility and increase the tone of the ganglionic and vaso motor nervous structures.

To still further allay morbid sensibility and favor good sleep at night, she was directed to take one fluid drachm of the following mixture at bedtime each night:

R	Bromide of ammonium,	3 vj
	Fl. ext. conium,	3 ss
	Fl. ext. viburnum prun.,	3 iss
	Syrup of prunus virg.,	3 j
	Water,	3 j. M.

She was allowed any variety of plain food that she would relish, but only sparingly of tea and coffee. During the first week she was required to sit upright in bed, supported by pillows a few minutes, three times a day. The next week she was assisted out of bed, and sat in an easy chair from ten to twenty minutes, twice a day. The third week she was required to get upon her feet and make some efforts to walk, at first only a few steps, but increasing the effort a little each day. Whenever she returned to her bed after having been upon her feet, she was required to get upon her knees, with the face and breast as low as possible, for two or three minutes, for the purpose of fully relieving any depression that the uterus might have suffered while the body was upright. By a faithful adherence to this plan of treatment, in two months she had exchanged her completely *bed-ridden* condition for one of ability to be up and about her room comfortably most

of the day. In two months more she could go out a little upon the street; and during the next two months she again became pregnant. Fortunately, however, she did not, as in the first instance, suffer from nausea, but continued to retain what improvement she had made, and to be up some through the whole period of gestation. She had a favorable labor, and although her getting up was slow, yet it was without serious trouble, and now, eight months after her confinement, she is up and aiding in the management of her domestic affairs.

In this case, the loss of tone in the abdominal muscles, and the feeling as though the uterus came low down in the vagina whenever she assumed the upright position, was very persistent; and yet repeated vaginal examinations, both in the horizontal and upright positions, failed to detect any degree of uterine displacement.

CASE II. Mrs. F., aged twenty-seven years, residing on West Van Buren street, had been confined to her house and much of the time to her bed for more than a year, when she came under my care. She was spare in flesh, somewhat pale, and of nervous temperament. Her history, as given to me, was briefly as follows:

Previous to her marriage she had suffered from dysmenorrhœa moderately, and in a few months after marriage had an abortion. After getting up from this she suffered from pains in her back and hips, a sense of weakness and downward pressure when on her feet, a moderate leucorrhœal discharge, and constipation of the bowels. Her medical attendant attributed these symptoms to uterine inflammation, and treated her with local applications through the speculum once a week for several months. But instead of improving she became unable to leave her bed. Another physician was then called, who attributed her symptoms altogether to uterine displacement, and introduced a pessary for its support. At first this appeared to afford so much relief that she was able to be up and on her feet a part of each day. But in two or three weeks she found the pain in her back and the leucorrhœal

discharge increasing, with a frequent and painful inclination to urinate. The speculum was then removed, and after a few days' rest it was readjusted, and she was allowed to get up. The same results, however, followed as before, but she persevered in wearing the instrument for two months, because she thought there was no other way to avoid constant confinement to her bed.

It was at this stage of her progress that I was requested to see her. On making a careful examination, there appeared to be inflammation and soreness in the vagina, urethra and neck of the bladder, with partial retroversion of the uterus. Without fully relieving the latter, the presence of the pessary decidedly increased the other difficulties, and I advised the discontinuance of its use. Instead of the further use of instruments of any kind, I advised her to use a mild astringent and anodyne wash once a day with the syringe; and to take internally one teaspoonful of the following prescription before each meal-time and at bed-time:

B	Bromide of ammonium,	ʒ	vj
Fl.	ext. galium gen.,	ʒ	iij
Fl.	ext. conium,	ʒ	ss
	Syrup of rhubarb,	ʒ	iss. M.

And to adopt faithfully the following daily routine of management: Live on plain, easily digestible food; get out of bed in the morning, and after being up until near ten o'clock in the morning, retire to her bedroom and first place herself on her knees, with the face and breast as much lower than the hips as possible; and while the abdominal muscles are fully relaxed, open the vulva sufficient to let the air have free access into the vagina. The weight of the pelvic and abdominal viscera, falling upward and forward from the position of the patient, aided by atmospheric pressure in the vagina, generally completely replaces the uterus. After remaining in this position from three to five minutes, she was to turn over on her side without raising up, and remain in the horizontal position one hour. Then she was permitted to be up until about three o'clock in the afternoon, when the same position and an

hour of rest must be repeated; after which she could be up until early bed-time in the evening, when, on first retiring for the night, the same position was to be repeated.

By following these directions faithfully, the inflammatory symptoms rapidly subsided, the leucorrhœal discharge diminished, the bowels became regular, and in six weeks she could walk on the streets a mile without difficulty. The patient was advised to continue the knee-and-chest position, followed by half or three quarters of an hour of rest, once in the middle of each day for at least six months, which she did, resulting in a full establishment of health.

I might cite a considerable number of cases that have come under my observation, closely analogous to the two here given, but they would occupy too much space and appear like repetitions, both in regard to symptoms and treatment. The leading object in detailing the first case, was to illustrate the fact that we may have morbid sensations in the pelvis strictly analogous to those produced by uterine displacements, without any degree of such malpositions being present. The second is given to illustrate the important fact that actual displacements, accompanied by such a degree of irritability of the parts as to render the wearing of intra-vaginal instruments very uncomfortable and injurious, can, in most instances, be fully relieved by skillful and persevering use of proper *positions and intervals of rest*, aided by appropriate general treatment. And both are given as an indirect protest against the indiscriminate treatment of all uterine and vaginal troubles by mere local applications.

Perhaps it would not be amiss to mention another practical suggestion afforded by the history of the first case here given. I allude to the want of discrimination between the early stage of pregnancy and uterine inflammation, and the danger of inducing abortions by the use of the speculum and strong local applications to the os and neck of the uterus. So many such cases have come to my knowledge, that I am induced to ask whether the practitioner or gynecologist is ever justified in making active local applications to the os and neck of the

uterus of a married woman, living with her husband, whose menstrual periods have recently ceased to appear at the usual time.

CHICAGO, ILL.

FOREIGN BODIES IN THE CESOPHAGUS.*

BY ALLISON MAXWELL, M. D.

Frankie M., who is now eleven years old, more than nine years ago, when he was sixteen months old, lodged a thimble in his oesophagus. The thimble was open at both ends, and entered the pharynx with the large end downward. At first it could be easily touched with the finger when Dr. B. was called, who proceeded to operate. Having no instruments at hand, he improvised a hook which would pass through a thimble similar to the one which was in the child's throat. After trying some time to extract the thimble with this hook and a pair of forceps, he forced the thimble downward, as was supposed, into the stomach, saying it would pass through the bowels. Very unfavorable symptoms followed. Fluids swallowed were expelled with sudden force by the mouth, while solid food caused great distress and violent and spasmodic efforts to vomit until the food was expelled. Another disagreeable feature which appeared in a few days was pleurostethonos, the muscles drawing the head and whole body to the left side, accompanied with a rapid succession of convulsive catches in the diaphragm and respiratory muscles like in hiccough. Before long another symptom manifested itself—an irregularity in the secretion of the kidneys. Sometimes he would pass urine every fifteen or twenty minutes during the day; then again there would be complete suppression for twenty-four hours. Cold wet cloths applied to the stomach seemed to partially relieve the vomiting. To prevent starva-

* Read before the Marion County (Ind.) Medical Society, April 23, 1878.

tion the child was nourished through the rectum with beef essence and cream, every two hours, to which was added a small portion of quinia. Rectal alimentation was continued for fourteen days, after which he began to retain liquids in small quantities in the stomach, daily increasing the quantity. Life was maintained this way for some time, and then a relapse occurred, which necessitated a return to the artificial method of nourishment. This rejection of liquid food by the stomach reoccurred at intervals for about three years, usually superinduced by attempts to eat solid food.

The longest period in which no nourishment was given per oreum was twenty-eight days, which was about six months after the accident, when the child was reduced to a mere skeleton, the abdomen and limbs being discolored to such an extent as to present the appearance of mortification.

At this time, by the use of ice held in the mouth, he was enabled to take a few drops of brandy from time to time, and finally milk was retained by the stomach. From this period on, the child retained liquid food, and seemed to get apparently well and grow, but could not retain any solid food and never did, until after the expulsion of the thimble, which was vomited up on the 27th of July, 1877, nine years after it was swallowed. The thimble, when vomited up, was surrounded by a fungous growth and much eaten away. Its weight is thirty grains, its length three-eighths of an inch. A thimble similar to this one when swallowed, weighs forty grains, is six-eighths of an inch in length, with a caliber of nine-sixteenths of an inch. The boy, who was at the well getting a "cool drink" of water, as he expressed it, accidentally got some of the water in the trachea, and the spasm of the glottis and the coughing caused immediate expulsion of the thimble.

Considering the above history, furnished through the kindness of the mother and from the boy, I am led to believe that the thimble never passed into the stomach but remained in the gullet; and that the efforts of the first doctor called only put the long axis of the thimble parallel with the long axis of the oesophagus; and the reason the efforts of several of the

most skillful physicians of Indianapolis failed to find the thimble was that the probangs and sounds passed *through* the thimble and into the stomach, and hence it was naturally inferred that it was dislodged and in the stomach.

The pleurosthotonus and the hiccup which occurred, probably tend to establish the diagnosis that the thimble remained in the gullet, and that these symptoms were caused by the pressure upon the pneumogastric, phrenic, and cervical plexus of nerves.

The excessive secretion of the kidneys at times, and then entire suppression, are symptoms which can not be accounted for except on the supposition that the kidneys were affected through the great sympathetic. A few days since, when I saw the boy, he still expressed a difficulty in swallowing solid food, saying that sometimes it was rejected, and that his principal diet was milk, of which he took three quarts daily. It may be that there was sufficient inflammation to have caused cicatrices, which, contracting more or less, have narrowed the caliber of the oesophagus; and another cause of the dysphagia may be from desuetude of the muscles of deglutition.

This child almost succumbed, and it is well that we should consider the dangers and the best manner of getting rid of foreign bodies in similar cases. One of the *immediate* dangers of a foreign body in the oesophagus is that of suffocation or choking to death. This accident has often occurred from particles of food and other substances lodging in the throat. There was a case some time ago, in an adjoining county, in which a woman, when laughing, swallowed her false teeth and died almost immediately before aid could be summoned. In the London Lancet, 1871, a case is narrated where, after an attempt to extract false teeth, they were pushed into the stomach. The man died suddenly, and at a post mortem examination it was found that the angular hooks on the tooth-plate had torn the oesophagus and perforated the aorta.

One of the *remote* dangers from these foreign bodies is mal-nutrition, as in this little boy, which may result fatally. Two or three years since a case was related to the Medical Society

of Strasburg by Dr. Roth, in which a child, three years old, swallowed a button. The symptoms were somewhat similar to those manifested in this case of Frankie M. There was a good deal of vomiting and inability to take solid food, the child being nourished on milk. About two years after, the child swallowed a second button. Treatment failed, as in the first case, to produce the button; but after twelve days both buttons were vomited, and were of the size of a franc-piece. In this instance, it was concluded that the buttons had not lain in the stomach, but in a pouch above the cardia.

Another remote danger is ulceration by the foreign body into some of the adjacent parts, as the spinal cord, the pleura, and the aorta. Dr. Ramskill reports a case of death from ulceration into the aorta,* in which the impaction of a fish-bone in the œsophagus by such ulceration produced copious hemorrhage and sudden death. Death may also result from abscesses.

A case is recorded in the *Medical Times and Gazette*, where a pin swallowed caused epilepsy from its constant irritation, with resulting death two years after the accident. Epithelioma may be a remote danger, caused by continued irritation of the mucous membrane.

The *diagnosis* usually is not difficult, but in infants where you have only the objective symptoms, it is important to know positively that a foreign substance has been swallowed, to know what that substance is, and to locate its point of lodgment. A probang is generally sufficient to discover the body; but Erichsen gives a case where a patient had swallowed a piece of flat gutta percha, which in repeated examinations he failed to detect. More than six months afterward the man died from sudden hemorrhage, and an autopsy showed the plate imbedded in the œsophagus, where it had produced ulceration of a large vessel.

Another way of locating the body, recently applied and presented in a late volume of the *Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques*, is by auscultation of the

* *The Lancet*, Vol. I, 1871, page 646.

œsophagus when the patient swallows. Auscultation in this manner reveals, by the sudden stoppage of fluid in the gullet, the place of lodgment; and if there is ulceration it is indicated very clearly by a friction sound, and if the tube has been ruptured by the body or by instrumental efforts, it will be indicated by a hissing sound.

In the same work is recommended, for detecting the nature and location of foreign bodies, a flexible probe with a metallic or hard bulb on the end introduced into the œsophagus, and at the other end is a flexible rubber with a hardened piece of gutta percha to be inserted in the ear. An instrument of this kind was used by the Frenchman, Léon Labbé, in diagnosing that a fork which had been swallowed was in the stomach, and with this information gained he performed the operation of gastrostomy, extracted the fork and the patient recovered.

Palpation is also advocated as a means of determining the size and locality of foreign bodies, where they are not too far down the œsophagus. There is also an instrument—the œsophagoscope—which in some cases may be of practical benefit in arriving at a diagnosis, but has not yet been of much use.

After the diagnosis, the next important consideration is the *treatment*. To save the life of the patient, often measures must be taken with decision and executed *immediately*. Langenbeck, in a paper read before the Berlin Medical Society, published in the *Berliner Klinische Wochenschrift*, and afterward in one of the British journals, gives three cases in which the substance was swallowed in his presence, where the pressure on the larynx caused great dyspnoea and cyanosis, and but for immediate removal by the finger death would have resulted. The finger is the first instrument to be used, and if this don't succeed (if a child) hold it up by the heels and strike it in the back, which concussion, aided by the force of gravity, may expel the body. Next try the various forms of forceps. Where the substance is not large, a horse-hair probang may be introduced beyond it, and upon withdrawal remove it.

There are some cases where manipulation externally proved successful. In the *Lancet*, November 4, 1876, a case is reported in which a child, seven years old, had swallowed a half penny, and by palpation it was found to be lodged in the oesophagus just above the sternum. The child was put under the influence of chloroform, the coin was worked up with the thumb and fingers, until its edge could be felt in the pharynx, from whence it was easily extracted.

In the *American Practitioner*, April, 1877, there is an article translated from the *Memorabilien*, reporting a case in which a woman with syphilis swallowed necrosed nasal bones while asleep, lodging half way between the pharynx and stomach. All efforts failed to remove the bones, and the woman had almost succumbed from insufficient nourishment, when a long whalebone sound, with a knob on the end, passed beyond the body produced such irritation and retching, that it was expelled by a power which may be termed *vis a tergo*.

Since the discovery of apomorphia, we have a powerful emetic which may be administered hypodermically* where emetics can not be swallowed, and thus cause the expulsion of foreign bodies lodged in the oesophagus almost immediately. Holmes says that pieces of meat and bone, which could not be dislodged, have been known to be so far disorganized and softened by the constant use of dilute mineral acid, as to be at length swallowed. Where foreign bodies can not be extracted they are often pushed into the stomach, and usually pass per rectum; but sometimes do not, and then gastrostomy may be necessary, several successful cases of which have been reported in the last few years. However, before this operation is resorted to, an instrument called a coin-catcher may be introduced into the stomach, and by this method a case reported in the *Lancet* was treated, a plate with five or six false teeth being removed.

It is possible that an instrument, a modification of the lithotrite, might be made, and passed into the stomach, and the

* *Nouveau Dictionnaire de Médecine et de Chirurg. Pratiques*, tome xxiv, 1877.

foreign body extracted; and if it is known to be irregular in shape and large, as a plate with false teeth, the instrument could be used to break the body into small pieces, as stones are broken in the bladder, and then could be extracted without danger of rupturing the oesophagus, or allowed to remain and pass per rectum. Or, in case a foreign body could not be extracted from the gullet on account of sharp corners, as in the plates of false teeth, there also it might be broken up if of a brittle substance.

It is astonishing, however, what nature will do in getting rid of foreign bodies swallowed into the stomach. Velpeau reported to the Academy of Medicine, in Paris, an extraordinary case, where a man accidentally swallowed a small veal-bone, and, being about to suffocate, he thrust a fork eight inches long into his throat to push down the bone. This produced retching, and the fork slipped and was swallowed into the stomach. The fork remained in the stomach four months and then passed into the intestine. After a sojourn of fourteen months in the intestine, it passed per rectum. Numerous examples of this sort might be cited of a hundred various substances swallowed and passed per rectum.

Another method of removal, where the substance can neither be gotten up or down, is to perform the operation of *pharyngotomy*. In Guy's Hospital Reports, Mr. Cock records two cases where he had to perform this operation, and did it successfully, for the removal of artificial teeth impacted opposite the cricoid cartilage. *Oesophagotomy*, which term is sometimes used synonymously with pharyngotomy, is a *dernier ressort*, and is a rare operation. It is not such a dangerous operation, however, for the entire number of operations up to this date, according to Langenbeck, is twenty-eight, of which number five died, less than twenty per cent.* Dr. James Arnott was the first to perform this operation in England, in 1834, the child recovering. One of the results of this operation may be a fistula, as occurred in a case of Dr. D. W. Cheever, of Boston. Another danger is acute sup-

* American Journal of Medical Science, April, 1878.

puration and sloughing of lung tissue, which occurred in a case of phthisis operated by Billroth, of Vienna.

I will conclude with Erichsen's statement, that where the foreign body goes into the stomach, neither purgatives nor opiates should be given the patient; both are injurious, the purgatives by increasing the irritation of the bowels, the opium by arresting the progress of the foreign body.

INDIANAPOLIS, IND.

CHARACTERISTIC DIFFERENCES BETWEEN THE INITIAL LESION OF SYPHILIS AND SOLUTIONS OF CONTINUITY FROM OTHER CAUSES.

BY F. N. OTIS, M. D.

The characteristic and only constant feature of all lesions, during the active stages of syphilis, is shown, by microscopic examination, to consist in a localized cell accumulation.

Consideration of the nature and behavior of this material will afford intelligent aid, in a differential diagnosis, between the initial lesion of syphilis, in its early period, and solutions of continuity from other causes. As far as known, syphilis is primarily a process of cell growth and accumulation, so rapid that it interferes with healthy *tissue* growth, by obstructing the processes of nutrition and development. Not of necessity interfering to the extent of causing death of tissue, but of impairing its vitality, and thus causing it to break down more rapidly under influences which favor solutions of continuity. Hence we have presenting, as *characteristic* initial of syphilis, either a neoplasm, dense, insensitive, and covered with unbroken, and apparently normal, cuticle or mucous membrane, or, from the causes above mentioned, some one of the various characteristic *solutions of continuity*.

In addition to the foregoing *characteristic* lesions, we may also find early local disturbance, in various forms and from

various causes, associated with the beginnings of syphilitic cell accumulation, but presenting no features characteristic of syphilitic inoculation.

The known fact, however, that syphilitic infection not unfrequently follows a wound of inoculation, which heals promptly, and with no subsequent solution of continuity, is sufficient to prove that *neither INFLAMMATION nor ULCERATION is an essential feature in a syphilitic inoculation.*

Thus:—wounds, abrasions, broken vesicles, pustules, or ulcers, *may* receive a syphilitic inoculation, and progress or heal, as if no such inoculation had taken place.

It is then evident, that no *positive* differential diagnosis can be made *at once*, between lesions which *will* be followed by syphilitic infection, and those which *will not*. A positive decision can not be rendered until after such *interval*, from latest exposure, as may be required to develop some characteristic cell accumulation: either on the site of the lesion or in the adjacent lymphatic channels and glands.

This *interval* is recognized by all authorities as a clinical fact and is characterized as "*the period of incubation of syphilis.*"

The term was invented in accordance with a belief (formerly prevalent) that the *virus* of syphilis was a mysterious impalpable influence. That this, having entered the system at a given point, instantly permeated the fluids and solids of the entire organism. It then accumulated by "a kind of germination" until the point of "*saturation*" or extreme limit of tolerance, was reached. This event was announced by a peculiar and characteristic action, at the point of entrance of the virus, which was termed the *chancrē*.

It is plain, however, that such a view of syphilitic infection, can have no support, if we accept the view of a cell degradation, and a systemic syphilitic infection, in accordance with known histological, physiological, and pathological laws.

NOTE.—The only recognizable cell accumulation in syphilis is confined to the lymphatic system. If, during the period of so called incubation, the syphilitic influence has found access to the general circulation, no evidence of it has ever been discovered, in the condition of blood vessels, or of the blood, or in the conditions or sensations of the person so affected.

It is, then, to the local conditions, at the point of inoculation, that we must look for the earliest evidences of syphilitic action. This is afforded, at first, through the microscope, by discovery of a densely packed *non inflammatory* cell accumulation, which steadily increases, until it is appreciable to the ordinary touch. The same cell accumulation is also seen to occur in the lymphatic vessels connecting the initial lesion with the adjacent lymphatic glands. These vessels are not unfrequently found obstructed and indurated, and, like knotted cords, the size of a crow's quill, or larger, often easily traceable to their gland termination. The associated blood vessels are never narrowed nor interrupted from this cause.

The local induration of a suspected lesion, however, is not *positive* evidence of syphilitic action. Cell accumulation sufficient in degree to produce well pronounced induration, may result from *irritation* of a *simple* lesion. Thus an herpetic vesicle, or pustule, even a simple abrasion, through friction from clothes, or from applications of caustics or astringents, may become indurated sufficiently to raise grave suspicions of syphilis.

Induration, in such cases, is always the result of *inflammatory* action.

The induration of *syphilis* is essentially *non-inflammatory*. The differential diagnosis is aided by means used to combat the inflammatory condition. Under the influence of rest and local sedatives, the *incidental* induration is promptly dissipated; in the initial lesion of syphilis, the induration is more salient. Sometimes, though rarely, the induration is quite obscured by a slight localized serous effusion which gives it a bluish appearance. This I have observed in two cases, where the lesion was on a finger. The same condition quite frequently succeeds well marked indurations near the *fossa glandis*, and is so persistent as to become a valuable diagnostic mark.

The induration may be said to be *characteristic*, when insensitive, dense, and resistant, like cartilage. If pressed between the thumb and finger it becomes exsanguinated, and like in

appearance to the tarsal cartilage when the eyelid is turned back.

Even this most positive evidence of syphilis can not be accepted as conclusive. The induration of a commencing *epithelioma* simulates it very perfectly, and, if an open lesion, its secretion under the microscope presents appearances almost identical. In summing up the whole matter, we are forced to confess that a final decision in any given case is not warranted until some other evidence is present besides the appearance and character of the *local* lesion.

In all cases, where possible, *the person from whom syphilis may have been acquired* should be carefully examined.

In making such examination, search not only for the initial lesion, but for each of the possible *secondary* manifestations. Even when such are found, it must be borne in mind that *a breach of surface on the person exposed* is essential to the acquirement of syphilis, and that this surface must be brought into *CONTACT* with the syphilitic secretion, either *directly* or *mediately*. So that while the presumptive evidence furnished by *confrontation* is often strong, it is not *necessarily* conclusive.

The following cases will serve to illustrate the importance of caution in arriving at conclusions in regard to the true nature of venereal lesions:

CASE I. Mr. T., aged twenty-three years, on the fourteenth day after his first and only connection, noticed a slight urethral discharge. Under the microscope this was found to be distinctly purulent. No pain on urination. Meatoscope showed the mucous lining of the urethra deeply congested for half an inch. Beyond this there was no purulent secretion; appearances normal. The difficulty was, evidently, not *gonorrhœal*. A syphilitic inoculation was suspected. Examination of the woman with whom he had connection *showed her to be passing through the active stages of syphilis*. No initial lesion was found; but the inguinal, epitrochlear, and cervical glands were characteristically enlarged. Several *mucous tubercles* were discovered within the vulva; one in the *cervical sulcus* and three on the *os tincae*. Besides these, was a double row around the *anus*, eroded and secreting pus freely. In the

presence of such evidences of syphilis, it seemed impossible that the young man could have escaped infection. The urethral discharge was probably caused by a syphilitic inoculation which had not yet produced a well defined initial lesion. Inguinal glands of both sides slightly enlarged. Treatment for syphilis deferred (much against the patient's wish) until evidence of syphilis should become more positive. The urethral discharge gradually declined and disappeared entirely in about a month. Up to the present time (four years from date of exposure) patient has not had the slightest evidence of syphilitic trouble.

CASE II. Mr. H., aged thirty, had a suspicious connection in May last. On the third day following, he noted several small pimples on his prepuce. Fearing venereal disease, he consulted his family physician, who, at once, pronounced the trouble a simple *herpes*. A mild lotion was recommended. Under its use all evidences of disease disappeared, within a few days, and the patient was assured, in the most positive manner, that he was free from disease. June 10th, four weeks after the suspicious connection (and more than two after he had been pronounced free from disease), the patient was brought to me by his physician for an opinion in regard to a small, hard, eroded nodule on the former site of the *herpes*. Inguinal glands on corresponding (right) side, characteristically enlarged. My belief that the nodule was an initial lesion of syphilis was strongly expressed, and the gentleman was put upon a mercurial course. A month later, he called, presenting a well-marked roseola, with the usual secondary gland enlargements. His wife, who accompanied him, had an indurated initial lesion on the lower border of the meatus urinarius, and well-marked inguinal enlargement.

CASE III. Mr. W. V. No unusual trouble until two and a half months ago when ten days after a suspicious connection he noticed a small sore on the right side of the penis. He consulted a surgeon, by whom he was informed that he had a "*soft chancre*," that he would quickly destroy it by application of nitric acid, and further, that there need be no fear of subsequent trouble. The cauterization was made, was repeated several times, at intervals of three or four days; healing finally taking place in about three weeks. Patient had connection with his wife the night previous to

receiving the surgeon's opinion that he had a *soft chancre*; no connection since.

This gentleman called upon me to ascertain the cause of a papulo-pustular eruption which was confined to the face and neck. I at once recognized it as syphilitic; examined the cicatrix of the so called *soft chancre* and found it distinctly indurated. Gland enlargements of elbow and neck, all well pronounced and characteristic.

In answer to an anxious inquiry as to the possible infection of the wife, I was obliged to admit the possibility of such a calamity. He assured me that she had been, and was then, perfectly well in every respect, "except that she had some little swellings in the right groin; not the least pain." An examination of the lady, on the following day, disclosed characteristic gland enlargements, not only in the groin, but in the arm and neck. No search was made for the initial lesson. She was put upon constitutional treatment for "*a form of leucocytæmia*," and remained in blissful ignorance as to the nature of her own and her husband's trouble.

NEW YORK CITY.

Reviews.

Hand-Book of Ophthalmology. By PROF. C. SCHWEIGER, of the University of Berlin. Translated from the third German edition by PORTER FARLEY, M. D., Rochester, N. Y. J. B. Lippincott and Co. 1878. 8vo., 555 pp.

Translations of the writings of the best German workers in medicine are becoming quite common, one of the most prominent reminders of this fact being that magnificent work, the American edition of Ziemssen's Cyclopaedia. There is a great difference in translations as to perspicuity; for instance in Hackley's translation of Billroth's Surgical Pathology there are some sentences so confused that they are scarcely comprehensible, but in this book we have not met with one indistinct idea.

Professor Schweiger does not deal in prefaces and introductions, there being neither, but plunges *in medias res*, presenting at once the subject of anomalies of refraction and accommodation.

The book is divided into three parts: The first part treats of anomalies of refraction and accommodation, spectacles, ophthalmoscope and ophthalmometer, and anomalies of the ocular muscles. The second part treats of diseases of the orbit, lachrymal apparatus, lids, conjunctiva, cornea, sclera, iris, lens and vitreous body. The third part, normal fundus, diseases of the choroid, of the retina, and of the optic nerve, glaucoma and amblyopia.

Of that most dangerous and treacherous disease, gonorrhœal ophthalmia, the writer says:—"There are no special symptoms by which a gonorrhœal blenorrhœa can be recognized as such, in cases where it is not possible to discover the gonorrhœa as a cause. Moreover, this etiological fact has no influence upon the prognosis or treatment of the blenorrhœa." We imagine that the above statement will not be indorsed by

the American profession; for an eye infected from a gonorrhœal secretion may be hopelessly lost within twenty-four hours, while an eye equally inflamed from some other cause would give the oculist no special anxiety as to prognosis.

All the acute forms of blenorhoea are treated the same way if the degree of acuteness and symptoms are the same, whether it be gonorrhœal ophthalmia, ophthalmia neonatorum, or acute conjunctivitis from whatever cause.

The treatment of syphilitic iritis is disposed of in five lines, rather insufficient. In iritis gummosa, an energetic general mercurial treatment is recommended.

In describing the operation for cataract, after the lens has been removed, Dr. S. says:—"As the last act of the operation, Von Hasner recommends a slight puncture of the vitreous body in the depression left by the lens." This last step is unusual, and its utility yet to be established. The operation for cataract, Dr. S. remarks, may be performed either with or without chloroform. No other anaesthetic is mentioned, but we would suppose that the author prefers to operate without an anaesthetic.

There are a good many diagrams and illustrations, which very clearly serve the purpose for which they were intended. Being a Handbook, it does not go into details so much as one would wish, but still it is concisely written and a pretty satisfactory exposition of modern ophthalmology.

A Preliminary Analysis of One Thousand and Sixty Cases of Astenopia. By C. R. AGNEW, M. D., of New York.

This is a pamphlet reprinted from the report of the fifth International Ophthalmological Congress. As Dr. Agnew says, it is not a treatise on the subject, but merely a contribution to its clinical history. I consider it one of the most thorough and exhaustive analyses of the subject that it has ever been my lot to read. Like all the writings and sayings

of the author, it is exceedingly interesting and to the point, with no superfluity of technicalities or useless phrases.

The author gives the symptoms complained of, such as "My eyes are weak; they pain; they blur," etc., not in language that none but experienced ophthalmologists can read understandingly, but in the words of the patients themselves.

I am glad to see that he puts particular stress upon the importance of the "general medical and sanitary treatment of asthenopia in addition to that which is ophthalmic in its nature;" and also upon the importance of the ophthalmologist "being well posted upon his own ignorance, and know when to call in other specialists to throw new light upon the subject." He further says:—"He must know how to teach his patients how to become better tissue-builders. It is here that the ophthalmologist and the specialist in diseases of women, or of the nervous system, may have to correspond. It is here that the expert ophthalmologist may resolve, with spectacles, a case of asthenopia, in which the neurosis of sensibility had led others to suspect grave disease of the nerve centers. It is here that a wise gynecologist may skillfully relieve some uterine or ovarian condition, and thus enable the ophthalmologist to reëstablish the function of vision."

Dr. Agnew gives a series of tables under which he classifies the one thousand and sixty cases, as follows:

The first table gives the sex and condition of life of patient.

2. The number of asthenopes at different ages.
3. Shows the occupation of male asthenopes.
4. Shows the occupation of female asthenopes.
5. Shows the refraction of 1060 asthenopes.
6. Shows the occupation of 112 out of 281 emmetropes.
7. The various local complications in emmetropic cases.
8. The various remote complications of emmetropic cases.
9. Assigned causes of asthenopia in emmetropic cases.
10. Shows the various local complications in hypermetropia, with its modifications.
11. Shows the various local complications in myopia, with its modifications.

12. Shows the remote complications in ametropic cases.
 13. Assigned causes of asthenopia in ametropic cases.
- I cordially recommend the reading of this little pamphlet to all—surgeons, physicians and specialists. W. C.

Studies in Pathological Anatomy. By FRANCIS DELAFIELD, M. D., Adjunct Professor of Pathology and Practical Medicine, College of Physicians and Surgeons, New York. William Wood and Co. 1878.

Four numbers of these *studies* have appeared—namely, February, March, April and May. In the first number, Dr. Delafield, in a prefatory note, foreshadows the scope of the undertaking as follows:—"In this paper, and in those to succeed it, the attempt will be made to give an account of some of the changes produced by disease. The particular subjects of study will be the inflammations of connective tissue, of the mucous membranes and of the viscera, and the structure of tumors. . . . These papers will give the results of investigations carried on for a number of years, and still far from complete. It is intended to publish these studies monthly. Each paper will consist of from two to four full-page drawings, and the accompanying text. . . . The first twelve papers will include the pathological anatomy of pleurisy, of peritonitis, and of meningitis."

In the February issue plates one and two represent flat connective tissue cells from the dog, and plate three branching connective tissue cells from the omentum of the rabbit. In the April number is represented pleurisy in the dog at the end of the first, third, fifth and eighth day. In the May number the first plate represents empyema in the dog after twenty four hours, the second after ten days' duration, and the third a vertical section of the human pleura, empyema, being magnified seven hundred and fifty times. This is a laborious and commendable work, and numerous subscriptions should reward the energy of editors and publishers.

Address before the Rocky Mountain Medical Association, June 6, 1877.

By J. M. TONER, M. D.

This address contains "some observations on the geological age of the world, the appearance of animal life upon the globe, the antiquity of man, and the archæological remains of extinct races found on the American continent, with views of the origin and practice of medicine among uncivilized races, more especially the North American Indians."

Really so long a title almost takes away one's breath to read it! Those who, from their reading, remember to what celestial heights Bishop Berkeley rose, commencing with a dissertation on the virtues of tar-water, will see in this address to what altitude of philosophy, to what greatness of research, the honored President of the Rocky Mountain Association can rise from a Pacific palace car. The address commences with Chicago and ends with the "Beloved Physician," and intervening we have *inter alia* the history of the origin of the Association, a list of those who belonged to it and are now dead, the names of the ladies who have been accepted as honorary members, theological opinions and dissertations, historical facts, geology, archæology, etc. The body of the address is filled with much curious knowledge and some ingenious speculations—so filled, indeed, that the stream overflows into copious foot notes. Dr. Toner has done a good thing in writing this address—a good thing for the present and for the future, and is to be heartily congratulated upon it.

He pays a just compliment to Dr. N. S. Davis, in referring to Chicago as "the adopted home of the Father of the American Medical Association should be the meeting-place of the society which he originated, and which he has watched over with such rare fidelity and judgment, until it has become a beacon that may guide and ethically enlighten every physician of the country who desires to earn honorable distinction and promote the dignity of the profession."

We appreciate the compliment to Dr. Davis, but we do not believe in the functions of the Association as here indicated. A beacon warns, does not guide, and ethical enlightenment is

not one of the principal functions, either theoretically or practically, of the Association. Heaven deliver that Association alike from being occupied chiefly with judicial affairs, or being made the theater of political intrigues. In either case, it will soon really become that which Dr. Toner has with rhetorical inaccuracy termed it, a beacon.

Diseases of the Nervous System—Their Prevalence and Pathology.

By JULIUS ALTHAUS, M. D., M. R. C. P., London, etc. New York: G. P. Putnam's Sons, 182 Fifth Avenue.

This handsomely printed volume of between three and four hundred pages, is dedicated to the memory of the late Professor Romberg. The brief preface is as follows:

"In this volume I have endeavored to elucidate the part played by diseases of the nervous system in rational pathology, and to show the laws to which their occurrence and fatality are subject. I have also fully entered into the special pathology of the several diseases of the nervous centers, which, although much remains to be done, has made gigantic strides in our time. The pathology of peripheral nerve diseases, and the diagnosis, prognosis, and treatment of the entire class of these maladies, will be considered in a subsequent volume."

Among the propositions which Dr. Althaus establishes from statistics are that nervous diseases cause about twelve per cent. of the entire mortality, being only surpassed in fatality by zymotic, tubercular and respiratory diseases; that they are less numerous in large towns than in the country; that sex has a preponderating influence, more males than females dying from such diseases; that age has a more powerful influence than sex, the maximum being in the first year of life, and a second maximum after seventy.

The classification given by the author includes more than a hundred forms of disease, and many of them are treated of

with more or less fullness as to symptoms, pathology and results. Of course those who are seeking merely or mainly the therapeutics of nervous diseases, will not care for this book; but those who want to study such diseases in the aspects mentioned above, will find it a valuable help.

Rüdinger Atlas of the Osseous Anatomy of the Human Ear—Comprising a portion of the Atlas of the Human Ear. By N. RÜDINGER, M. D., University Professor in the Institute of Munich. Translated and edited, with Notes and an additional Plate, by CLARENCE J. BLAKE, M. D., Lecturer on Otology in Harvard Medical School, etc. Boston: A. Williams and Co. 1874. Folio, 23 pages.

In the *Archives Générales*, December, 1876, we learned that the Section of Otology, at the American International Congress, was under the presidency of Dr. Clarence Blave de Bastou. When the same journal made one of the reporters at the Surgical Section of the Congress Dr. Hadgen, the sin was venial. But to make Blake into Blave, and more and worse, transform our American Athens, Boston, into Bastou—can typographical crime rise to a greater height, sink to a lower depth! We hope the handsome Atlas which Dr. Blake presents the profession, will at least let the *Archives* know who he is, and that there is an American Boston—no more Blave and Bastou, if you please.

"The object of this Atlas is to provide the teacher and student with correct representations of the more important parts of the Osseous Anatomy of the Human Ear, accompanied by explanatory texts and notes, available for instruction or for reference." The various bones of the ear, and the petrous portion of the temporal bone in two different sections, are accurately represented by nine photographic plates, which are beautiful specimens of the art of photography. These photographs are made by J. Albert, of Munich, from the original preparations of Prof. Rüdinger. Accompanying each plate

is a concise description of its projections, proximate nerves, arteries, etc. This atlas meets a want and is a praiseworthy work, and along with the translator we hope "that a sufficient interest may be elicited to warrant further publications of a similar character."

The Vest Pocket Anatomist. By C. H. LEONARD, A. M., M. D. Detroit. 1878. 60 pp. Published by the author.

This little book, as stated by Dr. Leonard, is founded upon Gray, and while not of special value without one has previously a knowledge of anatomy, still with that previous knowledge gained from anatomical plates and from dissection, it will come in quite conveniently to refresh one's memory. One thing commendable is, that the pronunciation is given of all the muscles, nerves, arteries, etc.

Atlas of Skin Diseases. By LOUIS A. DUHRING, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania, etc. Part Third. Philadelphia: J. B. Lippincott and Co. 1878.

The plates in this part embrace eczema squamosum, syphiloderma erythematosum, purpura simplex, and syphiloderma papulosum et pustulosum. To say that these are admirably executed is only just praise. We trust both author and publisher will meet adequate reward.

Clinic of the Month.

TREATMENT OF MELANODERMA.—Prof. J. C. White, M. D., in a clinical lecture, in the Boston Medical and Surgical Journal, May 16, 1878, after speaking of the causes of excess of pigment, and the varieties, as tanning, freckles, chloasma, melasma, gives the following treatment:

But how should we treat the three cases first cited as illustrating the most important types of melanoderma? We have in all of them, lying in the very deepest layers of the epidermis, an excessive amount of the natural pigment matter: in one patient scattered over the face alone in the form of small spots, in another distributed in large uniform patches over the same part, in the third widely diffused over large tracts of the surface of the body. The problem is the same in all of them, the freckles, the chloasma, the general melasma:—How shall we make it disappear? We can not destroy it, for, as we have seen, it is indestructible, except by chemical agents so powerful that they could not be used upon the skin. We can not cause it to be directly reabsorbed by any external means within our knowledge, although capable of spontaneous involution. We are able to influence its existence to a very slight extent only by internal remedies when its presence is dependent upon conditions of debility, misery, etc., which are themselves in some measure under such control. Can anything, then, be done to cause its removal? You will see numerous remedies advertised in the public prints and by irregular practitioners for the cure of freckles and moth patches, some of them widely known and extensively sold for this purpose. Such remedies do not usually attain so great popularity without some element of positive activity, but their measure of real virtue need not be large to insure a commercial success.

They hit, now and then, just the class of cases in which they or almost any remedy can not fail to benefit, and this is enough to outweigh the countless unknown failures and to perpetuate their reputation. The preparations of this sort ordinarily used in these affections have been taken from our own therapeutics.

We know that the cells of the rete formed by the papillary layer of the corium become in time the flattened horny cells of the outer cuticle, and are cast off in the natural and imperceptible process of desquamation. We know that those which contain the normal pigment share the same fate, and are being constantly reproduced. It is evident, therefore, that if we should remove the epidermis down to the corium by any means we should remove also the coloring matter. Now this may be done by the application of any irritant that is powerful enough to cause a separation by the process of inflammation of the two layers of the skin. This separation, the result of the effusion of serum in considerable quantity from and above the surface of the papillæ, we call vesication. It may be brought about by the use of so-called blisters, or by strong solutions of corrosive sublimate, etc. If we should raise such a blister over one of these patches of chloasma upon the face, we should see after the protecting crust had fallen that we had a new epidermis, red to be sure, but free from perceptible pigment matter. Ere long, however, we should probably find the pigment cells forming again in excess, and the part gradually reassuming its dark tint. Such violent measures, therefore, are not warranted by permanency of results, even if patients would submit to the suffering and considerable temporary disfigurement inseparable from their action. What we can hope to accomplish must be by the more or less constant application of such agents as will so hasten the natural process of desquamation that the pigment cells shall not have time to accumulate in sufficient amount to produce perceptible staining, and yet not cause enough local excitement to prevent daily use or attract observation to the part. The immediate local action should not exceed a slight roughening or scaliness; it should not be allowed to provoke redness or papulation.

A considerable number of substances have the power of thus expediting the formation and discharge of epidermal cells by their action upon the surface of the skin. Among them are borax, sulphur, bismuth nitrate, alkalies, acetic and citric acids, etc. They may all be made to gradually lighten up these over-pigmented portions of integument by frequent and long-continued application. For the milder forms of melanoderma, they will in variable measure be found of service. For our cases of freckling, for instance, we may apply at night any of the following formulæ, taking care that they are used cautiously until the susceptibility of the individual skin is properly tested. As freckles are generally much more pronounced at one season than another, the remedies need not be used so continuously as in the other varieties:

R	Hydrarg. am. chlor.,	.	ij
	Bismuth. magist.,	.	ij
	Amyli,	.	ss
	Glycerin,	.	ss. M.
R	Acid. citric.,	.	i
	Aquaæ,	.	iv. M.
R	Ammon. muriat.,	.	ss
	Aq. colonien.,	.	i
	Aquaæ,	.	viii. M.
R	Zinc. sulph.,	.	i
	Ung. ros.,	.	i. M.
R	Hydrarg. bichlor.,	.	gr. vi
	Acid. mur. dil.,	.	i
	Aquaæ,	.	iv
	Alcohol,	.	ij
	Aq. ros.,	.	ij
	Glycerin,	.	i. M.

These should be applied over night, and the skin should be thoroughly washed with soap in the morning. They must be used at least for weeks in succession, and resumed whenever required.

For chloasma—the form exhibited upon the face of this woman—a large number of preparations of these and other substances have also been advised, but there is one which surpasses all others in efficacy, one which I always use,—corrosive sublimate in solution. Its action can be most accurately regulated by adjusting the strength of the solution to the susceptibility of the skin in each case. Alcohol is a better solvent than water, because, as it evaporates more quickly, the solution is not so likely to run down upon the contiguous parts; and, as the patches are often abruptly defined, this is of some importance. A solution of four grains to the ounce is usually well borne, and will be found to be the best working strength. It is to be painted with a small camel's hair brush over the pigmented patches at bedtime, a single application only the first two or three nights. Afterwards, if not too stimulating, a second or even a third painting at intervals of a few minutes may be tried, and will generally be well borne. Occasionally a skin will be met with that will bear a repetition of this process in the morning even. Our limit of immediate action should be, as already stated, a roughening of the surface from devitalization of the external layers of epidermal cells. Excessive stimulation will be shown by a reddening of the parts, persistent through the day, an increasing sensitiveness during the application, or even a papular eczematous efflorescence upon the part. Should such results occasionally follow, the remedy is to be suspended until the overaction subsides. Every morning the parts should be washed with soap and water, and, if the skin will bear the additional stimulation, pumice soap may be used with advantage upon a coarse bit of linen for the removal of the dead scales. By these means constantly employed we notice, as weeks go on, that the dark patches become lighter and lighter, and finally, in periods varying greatly in individual cases, not always in direct proportion to the intensity of coloring, assume the normal hue of the surrounding skin. In some cases, however, we do not succeed in causing the discolorations to wholly disappear, but must remain content with a great reduction in the discolora-

tion. These results, moreover, are made permanent only by the continued use of the remedies as long as the pigment cells show a tendency to excessive reproduction. You may be asked, Is it safe to employ for long periods so strong a solution of a soluble salt of mercury? is there not danger of absorption to a serious amount? You may safely answer in the negative. An ounce of the preparation applied in this way over the ordinary moth patches upon the face will last a long time, and can be absorbed only in infinitessimally small amount. In general melasma its use might indeed be unsafe. In all the diffused forms of melanoderma, as in the third case cited, local treatment, excepting upon parts exposed to view, is always impracticable, and internal medication only indirectly of benefit.

THE INFANTILE DIARRHEA OF SUMMER.—At the stated meeting, April 16, 1878, of the New York Academy of Medicine, Medical Record, May 25, 1878, Dr. J. Lewis Smith made the following remarks:

This summer diarrhoea, as an epidemic, he said, is confined to the cities, being scarcely at all known in the country. In New York it makes its appearance about the middle of May, or earlier, if the season is unusually warm. From that time the cases increase in number and severity until the maximum heat of the year is reached, during July and August. After the latter month it begins to decline, and it at length ceases to be an epidemic about the first of November. Its prevalence and severity is found to correspond with the degree of heat; yet hot weather is not the cause of it. In the rural districts the temperature may be just as high as in the city, but this summer diarrhoea does not occur as an epidemic there. It is, therefore, preëminently a disease of cities, and we must look for some other source for it than simple high temperature. Undoubtedly one of the most important causes is to be found in the very free exhalations arising from decomposing animal and vegetable matter during the heated term; and the disease is always most frequently met with in those

localities where the accumulation of filth is the greatest. Dr. Smith stated that some years ago, while making an inspection of certain portions of New York for the Citizens' Association, he had become fully satisfied in regard to this point. He remembered one block of tenement houses particularly, in which there was little or no drainage, and the noxious exhalations were peculiarly abundant and offensive; and here there was scarcely a young child in the whole block that escaped the affection. Of course we do not know exactly in what way these noxious exhalations, due to the effect of intense solar heat upon filthy streets and domiciles, produce the results noted.

But such atmospheric conditions are not the only source of the trouble. Another very potent cause is found in the diet given to children in our cities. Hence it is that mothers are always so anxious about their infants during their second summer, and it is well known that bottle-fed children are far more severely affected than those which are not. Indeed, it is very rare that an infant under six months, which is artificially nourished, escapes the disease in the city during July and August. The two main causes may be set down, then, as atmospheric and dietetic.

Dr. Smith then went on to speak of the pathology of the disease, making the preliminary remark that he thought he had had as good opportunities for observation in this connection as any one in this country. In looking over his notes he found that he had the records of over eighty autopsies, all made in warm weather, during the prevalence of the epidemic. There could be no doubt, he said, that it is essentially an inflammatory disease, especially after it has continued a short time. For the first few days there may be no evidence of inflammatory action; but at the end of a week or so, lesions of this character are well marked in the intestines, and particularly the colon. Ordinarily the surface of the stomach is quite pale, and consequently presenting no indications of gastritis. Yet, notwithstanding this fact, vomiting is a very frequent symptom of the disorder. Occasionally there is some

hyperemia of the stomach (more frequently observed in infants of about three months than any others), but, as a general rule, it is entirely absent. The duodenum also generally presents no lesions. On entering the jejunum, however, we find vascular streaks and patches, and these are still more marked in the ileum. The ileo-caecal valve is frequently the seat of the severe inflammation, and sometimes it is materially thickened. In the large intestine the evidences of inflammatory action are yet more prominent, and there is apt to be a vascular and tumefied state of the entire mucous membrane. The sigmoid flexure is usually the most profoundly affected of all, and this seems to be due, in great part, to the irritation produced by food, which remains longer in contact with it than with the other parts. At the same time we find, along the whole course of the large intestine, the solitary glands or follicles standing out prominently.

In the more protracted cases additional lesions are observed, such as ulcerations, which are more marked in the descending colon, and correspond in position with the follicles, in which the inflammatory action has thus gone on to the point of ulceration. Besides the intestinal lesions there are still others which are more properly complications. As long as the disease lasts, there is always progressive wasting of the whole body. In this some wasting of the brain is involved, and therefore, after the disease has continued for some time, we are very apt to have developed that condition of the encephalon which Marshall Hall and Gooch denominated spurious hydrocephalus. These physicians thought that it was not accompanied by any pathological changes, but late observers have shown that this is not really the case. Its occurrence is noted by the drowsiness of the child, the rolling of the head about, and the depression of the anterior fontanelle, the latter being an important point in the diagnosis between this condition and meningitis. It is characterized by passive congestion, capillary and venous, and also of the sinuses, and transudation of serum sufficient to make up for the wasting of the brain. When the cranial cavity is opened at the autopsy, one

or two ounces of this serum sometimes escape. Spurious meningitis is a better name than spurious hydrocephalus for this hydrocephaloid disease in connection with entero-colitis; and it is rarely or never met with except when associated with, or resulting from, the latter affection.

Another complication not infrequently seen is congestion of the posterior portions of the lungs. Where the child's strength has become greatly reduced, the heart also grows feeble, and, in consequence, hypostatic congestion results in the lungs. As such patients usually lie on the back, the posterior part of the lungs is the most dependent, and this hyperæmia, extending for a depth of almost half an inch, is seen at the autopsy all over the posterior portion of both lungs. It is this, doubtless, which gives rise to the dry, hacking cough met with in a large number of such children. If the patient survives long enough, hypostatic pneumonia is apt to ensue, and this is frequently noticed in post-mortem examinations. In such instances it is sometimes possible to inflate the lungs, and sometimes it is not. The above are the most important anatomical characters of entero-colitis.

The symptoms of the disease are sufficiently familiar to all. In the majority of cases it begins very gradually, and the mother is exceedingly apt to attribute the looseness of the bowels to dentition. The child may have six, eight, or ten passages a day, and yet nothing whatever is done to check the diarrhoea, because it is supposed to be salutary during dentition. Dr. Smith said that even physicians formerly coincided in this opinion; but he himself believed that dentition had very little to do with the causation of summer diarrhoea. Indeed, the younger the child, the more apt it is to be attacked; so that infants are more likely to have the disease before dentition than they are after this has commenced.

Vomiting in such cases is not one of the initial symptoms, but sometimes it is, as when, for instance, the attack is directly attributable to some indigestible article of food. In such a case there is both vomiting and purging from the commencement. Ordinarily, however, there is gradually increasing

diarrhea for one or two weeks, and then vomiting also sets in. The most severe form of the disease is that known as cholera infantum, which resembles Asiatic cholera very markedly in its symptoms, but has, of course, no connection with that affection. Cholera infantum is to be regarded as simply an aggravated form of entero-colitis, because it is undoubtedly inflammatory in its nature. To look at or feel the skin of a child suffering from it, one could scarcely think that there was much fever present, and yet the thermometer in such cases almost always shows a temperature of 105, 106, or even 107 degrees. Cases of cholera infantum frequently run on into ordinary entero-colitis, when the urgent symptoms are relieved, and so, on the other hand, cases of ordinary entero-colitis are sometimes charged to cholera infantum, in consequence of some imprudence of diet or other source of aggravation.

The stools vary greatly in character, sometimes being yellowish, sometimes brown, and sometimes green; and there is one point of interest in connection with the green color frequently observed. Formerly it was supposed that this resulted from the liver being at fault, and calomel was almost always administered freely in consequence. Dr. Smith states that for years he had not given a particle of calomel in such cases, though sometimes he met in consultation physicians who thought it indicated from the vitiated condition of the bile, as they inferred simply from the green-colored stool. In order to determine this matter satisfactorily, Dr. Smith some time ago made a special examination of the liver in thirty or forty cases where death resulted from entero-colitis, and not in a single one of them could anything abnormal be detected about it, either with the microscope or otherwise. Moreover, he never observed this green discoloration at the point where the bile is poured out into the intestine (as would naturally be expected if it were due to the action of the latter); nor did it make its appearance until he got down to the ileum, several feet below that point. He concluded, therefore, that the bile had nothing to do with the green color observed. It is well known, also, that the stools may present a yellowish appear-

ance when passed, but become green on standing, and especially if in contact with urine. The green color seems in reality to be due (as, indeed, is now generally accepted) simply to acidity. It is a fact that the kidneys are more apt to be affected in entero colitis than the liver; and Dr. Smith thought it highly probable that the persistent vomiting in some cases was attributable to uræmia, in consequence of trouble in the kidneys.

Dr. Smith now proceeded to take up the subject of treatment, which, he said, was one of the greatest importance to every general practitioner. He believed that there were but very few remedies from which it was necessary to select, and for his own part he scarcely ever employed more than two, viz.: opium and bismuth, before the hydrocephaloid stage was reached, and these he considered better than all others. The administration of the large doses of bismuth now employed is of but recent origin, but has been followed by the best results. In ordinary cases it should be given in doses of ten or twelve grains, and it may be advantageously combined with the compound powder of chalk with opium (which contains one grain of opium in forty), or else with ordinary Dover's powder. For general use, however, it is perhaps better to give the bismuth in suspension, and the following prescription will be found a very admirable one:

- R. Tinct. opii deodoratae, gtt. xvij.
Bismuth. subnitratis, 3 ij.
Syrupi, f $\frac{2}{3}$ ss.
Aquaæ, f $\frac{2}{3}$ iss. M.

Dose, a teaspoonful for a child of one year.

Dr. Smith said that he had been much more successful since he had employed opium and bismuth in this way than before, when he would often try a long list of remedies in succession, and not find good results from any. Such a combination as the above is retained on the stomach, and has the effect of both an antiseptic and an astringent. No preparatory treatment is necessary, unless it is found that some irritating article of food has been taken; but most of the cases are consider-

ably advanced when the physician is called in, and any such source of trouble has long since been gotten rid of.

Almost all cases of entero-colitis need stimulus, and brandy is the best form in which it can be given. Of course, the amount should vary according to the age, and Dr. Smith is in the habit of giving three drops for every month of the child's age (when under one year) every two or three hours.

When the hydrocephaloid stage of the disease is reached, the opium should be withdrawn or given very cautiously; but the bismuth may be continued as before. At this period, however, we must depend principally on tonics and astringents, and one of the most useful agents that can be employed is the liquor ferri nitratis. The following prescription will prove of great service:

R. Tinct. columbae,	f 3 ij.
Liq. ferri nitratis,	gtt. xviiiij.
Syrupi,	f 5 ij. M.

Dose, a teaspoonful.

At the same time the stimulus should be kept up as before.

Finally, the kind of diet used is of the utmost importance. If the child is under one year old it should at once be removed to the country, or a wet-nurse should be provided for it, as no artificial food is reliable. If both of these are impossible, the best cow's milk should be prepared in such a way as to resemble healthy human milk as much as possible. The milk should be allowed to stand for some time, and then only the upper third of it employed. In this way the larger part of the sugar and butter will be obtained, while the indigestible casein (which settles to the bottom) will be avoided. As regards farinaceous preparations for children under six months old, Dr. Smith prefers Mellin's Liebig's food, which also has the endorsement of such authorities as Eustace Smith and Tanner. Its taste is quite sweet from the dextrine and glucose which it contains, while it is almost entirely free from starch. When added to cow's milk, it makes as good a substitute for mother's milk as has as yet been obtained. After the age of six months infants can digest a certain amount of

starchy food, and then Robinson's prepared barley may be used with advantage, if it is sufficiently boiled. As a rule, however, Dr. Smith prefers Ridge's food, which is highly recommended by Steiner, of Germany. Dr. Smith formerly used to employ Nestle's food, but has been obliged to give it up, when the bowels are affected, on account of its laxative effect. In cases of habitual constipation in young infants, which is often a very perplexing condition to the practitioner, he has found it of very great service.

QUINIA: ITS INFLUENCE UPON UTERINE CONTRACTION.—Dr. F. Gundrum, in the Detroit Lancet, May, 1878, speaks thus of the above use of quinia:

I desire to draw the attention of my professional brethren to the use of quinia to stimulate uterine contraction. I have kept track of nineteen cases of inertia uteri where quinia was used to stimulate muscular power and contraction, and in all but one case I obtained splendid results. In the eighteen cases the women were all delivered within two and a half hours from the time of administering of remedy, and several of them within an hour. Having become dissatisfied with ergot several years ago as being unsafe and unreliable, I was induced to try quinia, it having been recommended by a few practitioners through periodicals. I give in brief a few cases.

CASE I. Mrs. X., Stanton, Mich.; Dr. McL. in attendance; labor began at 3 A. M.; I arrived at 11 A. M.; patient well developed; age, thirty-three; first child; full term; vagina in normal condition; os dilated to the size of a trade dollar, or a trifle more, thick, soft, cool and covered with mucus, and pliable. All that seemed to be required was the *vis a tergo*. With the consent of Dr. McL. I gave fifteen grains of quinia, and in thirty-five minutes by the watch the uterine contractions became harder and longer, and in one hour and a half we had delivered child and placenta.

CASE II. Mrs. D., aged forty; tenth child; patient rather feeble and worn out from hard work; labor commenced at ten A. M.; was not called till 4 P. M.; os dilated to three to

three and a half inches in diameter, and it seemed as though the head would slip through anyhow. Stimulation and friction over the uterus failed to awaken anything new, she having had feeble uterine contractions since morning. Not being in a hurry myself, any more than the uterine contraction, and as the offspring was running no risk, I concluded to give nature a full chance. After waiting four hours, I concluded to try fifteen grains of quinia. This was given at 8 P. M. In twenty-five minutes uterine contractions became more forcible and prolonged, and in one hour and ten minutes the child was delivered.

I have given quinia, where ergot had failed, with the best success; but my last case illustrates this very forcibly.

I was called to Mrs. N. at 1 P. M. She had been in labor seventeen hours. Examination revealed a roomy pelvis; os dilated to a size sufficient to introduce two fingers; membranes entire; pains of moderate intensity, and of that miserable and unbearable kind that we usually get while the cervix is dilating. I assisted some in the dilating process until it was two and a half inches in diameter, and quite a wedge of fluid protruded through the os into the vagina, but uterine contraction remained feeble. The woman being rather large, I suspected there might be too much amniotic fluid, and so I ruptured the membranes and let off the fluid. Pains improved a little, but soon lapsed back into the old condition. Friction over uterus, with stimulating drinks, etc., failed to improve things any. Everything was in the best condition, and it seemed that if we had a half hour's good uterine contraction, our tedious task would be ended.

I had two drachms of Squibbs' ergot with me, and, thinking I might be unduly prejudiced against this by some much-lauded oxytocic—and if ever there was a good case for ergot this was one—I gave one drachm, and in one hour and a half gave the other, with scarcely any result. We got, for about an hour, a little better uterine effort, but not enough to bring about any result. I waited two hours after the last administration. In the meantime I ordered some light nourishment,

which was relished, thinking this would more certainly insure absorption of the ergot, but it was of no use. I was utterly disappointed. I now asked permission to apply forceps, but was bitterly opposed. I sent the husband of patient to town after fifteen grains of quinia, which took up one hour and a half. I was much worried for the life of the child. I administered the quinia, and in forty minutes thereafter good uterine contraction began, and in forty-five minutes from that time the child was still-born, and all efforts failed to resuscitate it. The child was flaccid and poorly nourished, with a very small cord and placenta, but was alive before the administration of ergot. Certainly uterine contraction did not hurt this child. May I ask, did ergot not have something to do with the result? We still have high authorities and teachers who recommend this agent, and others condemning it. What shall we do? I say, let ergot alone as an oxytocic; at least never give it unless you have your stethoscope to keep track of the fetal heart, and a pair of obstetric forceps to deliver the child at any moment. Quinia can do nothing but good, and I advise it in preference to ergot every time. Use your quinia and forceps, and leave ergot to be given just before delivery is to be completed to insure post-partum uterine contraction. I hope this may induce others to try quinia as an oxytocic, as on inquiry among practitioners in this and other sections of the state I find it is scarcely ever used.

RETENTION OF URINE IN THE FEMALE.—Dr. Croom concludes a paper on the above subject, Edinburgh Medical Journal, May, 1878, with the following statement of the causes of such retention;

1. Injuries or contusions during labor, acting directly or by subsequent inflammations.
2. Pressure of displacements or tumors acting mechanically on urethra or neck of bladder.
3. Injuries or growths acting reflexly.
4. Diseases of nervous system.
5. Direct obstruction within the tube of the urethra, as from stricture or foreign bodies, such as a calculus.

Notes and Queries.

ARE YOU GOING TO BUFFALO?—Nearly a year ago, it was our good fortune to spend an hour with Oliver Wendell Holmes at his residence. It was a June morning, and a walk of some squares, with our kind friend Dr. Chadwick, prefaced the call—a walk which was peculiarly trying, the heat was so oppressive. The sun was shining down the length and breadth of Beacon street, as if determined to evolve life from bricks and cobble-stones, and drive animal and human life under shelter or into the sea—shining down so fiercely that one walked with half-closed eyes for partial escape from its glare; scarcely a breath of air stirring, and that which was hot as the expiration of a furnace. But that was Beacon street in front, Beacon street as we trod its pavements. Once in Dr. Holmes's residence, and seated by an open window in the rear, through which came at least whispers of air that had caught some little coolness as they danced in the shimmering sunshine over the lake-like expanse of Charles river; above all, now listening to the utterances of that large wisdom and genial wit that have blessed the world, life to us not only became again tolerable, but a high joy. After directing our attention to Bunker Hill monument, Dr. Holmes pointed to the prison, remarking, "There is where we put our bad men; and there"—pointing to the medical college—"is where we take our good men and make doctors of them."

We know a large number of other medical schools, in addition to Harvard, have taken good men and made doctors of them. We know that all the subscribers to the American Practitioner, especially those who have paid their subscription in advance and have got their friends to take the journal, are good doctors. Now, these good doctors ought to go to

Buffalo—go for their own sake, go for the sake of others, go for the benefit of the profession, go for the benefit of their patients.

Go to Buffalo for a rest. How pleasant to pass the day thoughtless of calls or office hours, and the night with its darkness and sleep unbroken by an impetuously-rung door-bell!

Go to Buffalo to greet and be greeted by old friends, and to make new ones. Good points, too, will often come out in some neighbor away from home, who at home seems jealous and selfish; or possibly our own eyes were hitherto a little dimmed by the mists of prejudice from inevitable rivalries and conflicting interests that belong to a crowded profession. He learns to think better of you and you of him, when you are thrown a while together in a new place.

Go to Buffalo, because you will meet there many of the leaders of American Medicine, and be thus enabled to more correctly estimate them. Some of them will fall below your ideal, and others rise above it. Many an idol is dethroned when men get close to it, and find out what sort of stuff it is made of. King Log astonished his subjects at first, but they soon contemned him, and prayed Jupiter for his removal. Have we had no King Logs cast into medical frog ponds?

Go to Buffalo, because the American Medical Association is the representative of the profession of the United States, and you are an integral part of that profession. It is yours to contribute in directing the policy, forming the character, determining the purposes and action of the Association.

Go to Buffalo, because you can there contribute something to the sum of general or of individual professional knowledge. You will find in the multitude of doctors there assembled the first week in June, old doctors and young doctors, urban doctors and rural doctors, doctors from beyond the Allegheny mountains, doctors from beyond the Rocky mountains, and doctors from the vast empire between, some who will be grateful for your experiences and the results of your studies: you will accomplish some good, even though delivering no

address or reading no paper. There too, in the absence of paper or address of your own, you can discuss for the benefit of those who hear, the address and papers of others.

Go to Buffalo, for the influence of your example and the power of your presence.

Go to Buffalo, for the purpose of learning some new things as to the prevention or cure of disease. You can surely learn them there, and return better fitted for your professional duties—return laden with blessings for your patients, and helps in your practice. Are you going to Buffalo? The question is put. The vote is unanimously in the affirmative.

STATE MEDICAL SOCIETY OF INDIANA.—The twenty-eighth annual session was held at Indianapolis, on Tuesday and Wednesday, the twenty-first and twenty-second of May. The attendance was large, about two hundred and fifty physicians being present. The president, Dr. L. D. Waterman, delivered an able address on Public Health. The general circulation of this address among the legislators of the state will do more to secure proper sanitary legislation than a bushel of resolutions and a car-load of committees.

Some good papers were read, one on *Placenta Praevia*, by Dr. George Sutton, was of especial interest.

Dr. L. Humphries, of South Bend, was elected President; a better selection could not have been made.

We have made every effort to procure an abstract of the proceedings for publication in this number, but failed.

TO DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION. Those living in the South and West will do well to go to Buffalo by the way of the Toledo, Wabash and Western and Canada Southern roads, as these roads offer excursion tickets to delegates and their families for half the usual fare. Tickets can be procured for the round trip, on presentation of certificates of appointment, for one full fare. From Indianapolis the fare will be, by the I. P. & C. road to Peru, and then by the T. W. & W. and the C. S. roads, \$16.60 for the round trip.

BOB SAWYERISM IN THE PROFESSION.—We hasten to inform our readers, lest some of them should conclude that Dr. ——, of ——, is meant, that the following is from the Detroit Lancet:

We can not ourselves understand the itching some men in the profession have to bring themselves surreptitiously into notice. There is scarcely a newspaper one can take up but he is treated to the wonderful achievements of some doctor, who has removed a tumor, or amputated a limb, or accomplished some wonderful cure, which, Bob Sawyer-like, he desires to bring before the public. If this penchant was confined to men from whom we expected no better, then it might be regretted less, but when those whom the profession esteem, and in a measure look up to, descend to such contemptible charlatanism, our regret for the decay of the true *esprit du corps* which should animate the profession is unbounded. If it were fully realized how little really is gained by these clap-trap methods of advertising they would certainly be less frequently resorted to. We were recently asked by an intelligent gentleman how much Dr. —— paid the newspapers for advertising him, since he seldom looked at a city paper without seeing his name mentioned in some connection or other. And this is about the extent to which the intelligent public are gulled by such quackery. Its estimate of a physician is not by the frequency his name appears in the public prints, but is based upon merits which he can not very well advertise. The profession itself, of course, is never deceived by such shams, but take them at their real value, and there is no surer method of losing its esteem and respect than by resorting to such unethical methods to make popularity.

MITCHELL DISTRICT MEDICAL SOCIETY.—The fifth anniversary of the Mitchell District Medical Society will be held at West Baden Springs, Orange county, Indiana, on June 26th, 27th and 28th, 1878. Members and their families, of adjoining county and district societies, are invited to the meeting.

G. W. BURTON, Sec'y, Mitchell, Ind.

DR. YANDELL'S LETTERS FROM ABROAD—No. II.

LANGHAM HOTEL, LONDON, ENG., April 30, 1878.

MY DEAR PARVIN: Though I haven't forgiven you—and at present never intend to—for booking me to the readers of the American Practitioner for a series of "charming letters" during my summer wanderings, your private confession (received to day) has so far approximated the edges of the grievous wound in my feelings, that I have determined to write for our journal an occasional letter, provided you will hereafter keep your opinion as to its quality entirely to yourself. Will you? If "yes," then here goes. If "no," then what follows is not to go—to the compositor.

Allow me to begin with a remark on the weather. There is no wedge equal to the wedge meteorological for opening up a conversation. Let me add that it is in universal use here. Partly, I suppose, because they haven't as fine an article of weather as we have, and then, being an old country, they haven't as many new things to talk about. Whether either or both or neither of these suggestions be correct, the fact is that for ten days past the weather has been fine—fine for any latitude. The skies have been clear, the sunshine pleasant, and the air bracing. And all of London feels the better for it. The tone of my own nervous system has improved. I find it at last possible to sleep; and begin to look forward to the time when an appetite will return to me—for appetite and I have been strangers these two years. I should be willing to compromise on a very small, if it were but a regular, appetite. I have already seen enough here to satisfy me, however, that if the keenest appetite were vouchsafed to me, my original make-up contains no receptacle which would carry the fodder and fluids which I see these fine Englishmen daily put under their capacious waistcoats. I would give all my real estate in exchange for the appetite and food-taking capacity of the average Londoner. It almost fills me with envy.

The kindly gentleman and great actor, Mr. Joe Jefferson, and I chanced one day to be passing the room in which the "learned pig" was on show. We went in and saw the long,

lean, bluish-gray porker go through his really extraordinary performances; and on coming out I said, "Well, Mr. Jefferson, what do you think of him?" He replied, "Doctor, I'm bewildered." If I am not actually bewildered, I have a feeling akin to bewilderment when I see the amounts these people eat and drink. And they drink no water. Water as a beverage is unknown here. It is used for washing, in cooking, in fever, and for diluting spirits, but water "straight" as a drink, never!

I thought the other night, as I listened to the great philanthropist and greater physician, Dr. B. W. Richardson, lecture on Alcohol in Health and Disease, and heard him declare that in the former of these conditions alcohol was NEVER necessary and generally hurtful; that among the first steps in the great reform which he proposes would be to get a supply of pure water, in which I am told London is deficient. [May be I was told so by a spirit drinker.] Be this as it may, I believe that if I could find the same appetite and capacity to take food that I see on every side of me here, I wouldn't study too minutely the question of whether the fluids that entered into my dietary came fresh from nature's alembic or bore the aroma of the grape. Good appetite, good digestion, along with good food, are summed up in the word health; and this to one who hasn't it is more to be desired than the almost fabulous wealth in which this great city seems actually to abound. I would wager that Imaum Ali Zadé had himself been to London and seen the almost unlimited capacity of these robust islanders to store away spirit and other rations, when he answered Mr. Layard's polite request for the statistics of Constantinople. Do you remember it? It ran, I think, about thus:

"*My Illustrious Friend and Joy of my Liver:* The thing you ask of me is both difficult and useless. Although I have passed all my days in this place, I have neither counted the houses, nor have I inquired into the number of the inhabitants; nor as to what one person loads on his mules and another stores away in the bottom of his ship. That is no

business of mine. Shall we say—Behold! this star spinneth around that star, and this other star with a tail goeth and cometh in so many years? Let it go! Will such knowledge create in me a double belly?"

If the turbaned Turk and his countrymen had been given more inquiring minds, they might possibly have acquired the duplicate alluded to. I think they must be a common possession about here. No nation (at the present time at least), can be truly great which does not possess a climate which excites appetite and promotes digestion, with ample means to gratify the former. A people which lives on rice and oil, or on onions and pepper, or on snuff and radishes, can not stand against the meat-eating races of which this is the chief, if not the most powerful as well.

Parvin, I wish you were here with me. Of course I know you'd be for running off to the Obstetrical Society, and calling on Dr. Barnes, and Dr. Graily Hewitt, and Dr. West, and Dr. Playfair, and Mr. Spencer Wells, and others of the big guns in that line. But I would restrain you for yet a few days. They haven't returned from their "outing." They are not yet back from their Easter holidays. And then the schools are closed, not to open till next week. And when they do, they are only summer affairs—places where the embryonic Esculapii get their spoon food, and where the younger teachers take their preparatory gallops. Clinical teaching of course goes on, but even here I fancy the men are not on their metal. They work because they must. The didactic folk have gone to the streams where the trout and salmon disport, or to the meadows which are all ablaze with April flowers; there to amuse and rest themselves after their winter's labors. So I should put my arm in yours, and e'en persuade you that to lounge was sometimes healthful, and here was to the newcomer at least positively exhilarating. I know you have dwelt within the gates of London, and it is a city of the same infinite variety and endless contrasts that it was then. It is here that you see still the smallest railway coaches and the largest wagons; the hugest horses and the tiniest ponies; the dingi-

est houses and the cleanest streets; the glossiest thoroughbreds and the shaggiest donkeys; the largest cats, the least wee bits of dogs; the vastest palaces for royalty and its belongings; the costliest structures for gin and its kindred spirits; the noblest churches, the most seductive "hells," the grandest charities, and a countless multitude hastening to fill them; the best dressed men, the worst dressed women; the richest and civilest people on the earth.

I should do myself a great injustice if I did not hasten to add that, though a thoroughly well dressed woman is an exception here, beautiful women abound. They greet the eye on every side. They ride on horseback. They go on foot. They sail in boats. They are borne along in stately coaches. They drive in phaetons. They pour out of omnibuses. They stride through the parks. They stroll along the banks of the river. They flash in and out of the shops. They pack in the theaters. They wedge in at the promenade concerts. They rise tier upon tier at the opera houses. They are in flocks at the churches. They are sunny, happy-looking beauties. They are modest; they are simple; they are natural; they are sweet-voiced; and they are in "numbers numberless." They have lustrous eyes and rounded throats, well-poised heads and a wealth of golden hair, such as that with which King Arthur used to love to play; sloping shoulders such as those which shone in long lines about the Princess; taper fingers, shapely feet, and well-turned, sinewy ankles. But, O, Parvin! must I say it?—these marvelous beauties wear colored hose!

Have we lounged enough for the nonce? Perhaps, then, I had better turn on a little physic, enough, say, to remind us of the shop, lest our brother be offended and, because we are not solemn, write us down as too gay for our grave calling.

"Well, Prentice, what's the news this morning?" a gentleman once asked. "See the Louisville Journal," replied the distinguished editor. So I might say to him who thirsts for medical science pure and undefiled, "See the pages which precede this letter. Read the 'Original Articles,' turn to the 'Clinic of the Month,' run over the 'Reviews,' and then—

order the book." But I won't. I, because I am a surgeon, must talk to you of broken bones and bleeding vessels; and you, because you are an obstetrician, must needs in this friendly correspondence write of the funis and the forceps.

Wednesday I passed at St. Thomas's, one of the finest hospital structures in London. It faces the Houses of Parliament on the opposite bank of the Thames, and its grounds, etc., have a frontage of six hundred yards, running quite to the water's edge. I saw three of the surgical staff—(Mr. Mason not being on duty)—Mr. MacCormac, Mr. Sidney Jones, and Mr. Croft. The last named gentleman is known to Americans as the author of the articles on Hectic Fever and Traumatic Fever in Holmes's *System of Surgery*. Mr. Jones's contributions to medical literature, though numerous, having been mainly confined to periodical publications, have not found their way to the United States. Mr. MacCormac is well known to us all as the writer of "*Notes and Recollections of an Ambulance Surgeon*," a publication which, being timely and the work in it well done, had an immense run, especially on the continent. Mr. M. operated for an enlarged ganglion on the wrist, by first dissecting through the muscles of the thumb on the palmar side, and then above the annular ligament, opening the cyst and carrying a seton through the tunnel he had made. Carbolic spray was used and the wound dressed antiseptically. Esmarch's bandage was omitted, for the reason, as the operator remarked, that much bleeding was not anticipated.

Mr. Jones exhibited a case of extrophy of the bladder in a boy, where the work of roofing in the organ had been very satisfactorily done by turning down two parallel bars of healthy tissue from the adjacent abdominal walls, and fastening them in the groins. He then proceeded in a similar case to divide one of the two bars which he had previously made, and which was just ripe for the work, and attach its end to a convenient point, freshened for the occasion, whereby he quite covered in the extruded bladder. In this little work, which

might be said to be necessarily more tedious than interesting, Mr. Jones exhibited the patience and attention to details essential to success in all plastic surgery.

Mr. Croft transfixated a couple of varicoceles with pins, and secured these with the figure of 8 suture. He then divided the veins subcutaneously.

Each surgeon made to the students present a few remarks concerning the nature of the cases, and descriptive of the operation. I think they might have added, without harm, the names of the originators of the several procedures which they practiced. If teachers would more generally do this, the taught would know more of the history of operations.

Friday, I accompanied Mr. Maunder through his wards in the London Hospital. They alone contain upward of one hundred beds, all of which are at present occupied. Mr. Maunder's work on Operative Surgery introduced him very favorably to the profession in America. He keeps up his labors in this field by regular lectures and demonstrations to the classes of the London Hospital School. He has been a somewhat industrious contributor to the periodical literature of the day, and an active worker in the societies to which he belongs, besides being the winner of several prizes in the matter of essays. But if I were called on to say which of all Mr. Maunder's writings would endure the longest, I should name his paper on Improved Excision of the Elbow-Joint, published now a few years back. The operation which he there introduces is a real advance on the older methods, and makes in proper cases enduring benefit the rule instead of, as before, the exception. I think no surgeon who has done the operation as first practiced by Mr. Maunder, and by any other method, will deny this. A man was admitted to hospital the day that I was there, in whom Mr. M. had excised the elbow-joint seven years before, where the limb was absolutely as useful as the sound one.

Monday, I went to the Royal College of Surgeons (where I was admitted by a card from Mr. Heath), and witnessed the examination of some of the candidates for the diploma of

that renowned institution. The four young gentlemen who were under fire to-day, were standing their first professional examination. They will come up for the final trial in another twelvemonth, when, if again successful, they will get the coveted diploma. When they first came up, each was given a copy of the following:

ROYAL COLLEGE OF SURGEONS OF ENGLAND—DIPLOMA OF MEMBER.

Anatomical and Physiological Examination—From 1.30 to 4.30 o'clock P. M. Candidates must answer at least four (including one of the first two) out of the six questions.

- I. Mention the Forces concerned in the Venous Circulation, and describe their action.
- II. Give the Minute Anatomy of the Nasal Mucous Membrane.
- III. Describe the attachments of Muscles of the Tibia, and mention the Nerve-Supply of each.
- IV. Describe the Anastomoses of the Scapular Arteries, and the dissection required to expose them.
- V. Give the relations and distributions of the Portio Dura Nerve, outside the Stylo-Mastoid Foramen.
- VI. The Pharynx being opened from behind, describe the parts brought into view without further dissection.

These questions must be answered in writing in the College, one of the examiners being present, and between 1.30 and 4.30 P. M. The time is ample—a man that can not answer the questions in three hours will not at all. Messrs. Holmes, Wood, Hulke, Durham, Pick, Power, Wagstaffe and Mr. Savory, the last being chairman, compose the present examining board, appointed by the Council of the R. C. S.

The examinations are conducted in one of the rooms of the College. Foreign physicians and members of the College are admitted at all times, thus in one sense making the examinations public. Candidates are known by their numbers, not by names. An examiner is not permitted to examine men from his own college, those whom he has taught; he may be present, but can not ask a question. The applicant is questioned by each examiner for ten minutes, a second examiner writing down the questions. This list of questions, along with the vote as to qualifications, is subsequently attached to

the candidate's number, the purpose of which doubtless is to vindicate the action of the examiners in case a rejected applicant should make complaint of the character of the questions. Both examiner and examined stand the entire time. Wet and dry preparations, fresh dissections, microscopes, etc., are used.

Three of the four I heard examined answered remarkably well, and passed; the fourth was referred back to his studies for six months. The manner of the examiners and the mode of putting questions were all that could be desired—kindly, considerate and fair, and relieved the embarrassment of the timid. I copied the questions, and you will see that they are fairly searching. They were as follows:

Pigment cells, coats of eye; spinal cord, its functions; post mortem, digestion; unstriped muscle; contraction of muscle; vomiting, varieties, how produced; adipose tissue and its uses; minute structure of lungs, minute lung structure, microscopic appearances; air, composition of—changes during expiration; kidney, its structure and functions; bone, and its structure; urine, constitution of, tests in.

In anatomy, the candidates were given the bones, preparations, etc., and questioned on the "lower jaw; diaphragm; longitudinal section of the rib; Scarpa's triangle; gluteal region; popliteal space; subscapular muscles; axillary region; neck; submaxillary triangle; clavicle; male pelvic organs; anterior triangle of neck; bones of foot and attachment of muscles to; sphenoid bone; tendons of articulation; front of thigh; horizontal section of the brain, parts brought into view; stomach; liver; side view of pelvis, parts exposed."

A repetition of questions is avoided by each candidate being given a copy of those he has been asked, as he passes from one examiner to another.

The recent action of the Medical Council here is considered to have settled the question as to female practitioners in this kingdom. "*Places aux dames!*" from this time forward. That most estimable lady and distinguished physician—the peer of the best—Mrs. Mary Putnam Jacobi, settled that question for us in America. The Medical Examiner sums up

the bill as agreed to as follows: Provision should be made that the education and examination of women shall be conducted entirely apart from the education and examination of men; female practitioners registered in a separate division of the medical register; and the licensing body, which has not already done so, should be compelled to grant its diploma to women. We have heard, the Examiner thinks, "the last sad cry of expiring exclusiveness, compelled to surrender everything, but still clinging to its titles. What the public wants is competence; the women want competition, and the scheme of the Council is calculated to secure both these aims." He concludes with the Christian benediction (altered for the occasion), "Peace on earth; good will toward *women*;" to which you and I, Parvin, will reverently say, Amen!

Faithfully yours,

D. W. YANDELL.

PNEUMONIA FROM RAILWAY SHOCK.—A case decided recently at the Leeds Assizes, before Mr. Baron Pollock, can not be very reassuring to the railway companies. Hitherto the results of accidents for which they have been called upon to compensate the sufferers have been confined to the direct effects of injuries, the simple traumatic consequences, or the changes which those lesions initiate. But now it would appear they must include among the occasional effects of their collisions at least one disease commonly unassociated with "surgical" lesions, even on the broadest and most inclusive grouping—acute pneumonia. Of course, pneumonia may result from a wound of the lung, but in this case there was no such connection, and it was urged that a pneumonia occurring as the only sequel of an accident which caused no wound or contusion that could directly damage the lung, was the result of the accident. The case is thus of great medico-legal importance, and it is also of much pathological interest. The sufferer had died of the lung disease, and the action was brought by his widow, who stated that her husband was in good health on the morning of June 19th, when he left home. In the railway journey to Sheffield that day a collision occurred

between the train in which he was traveling and an express, and in the collision he was, according to his subsequent statement, considerably shaken, being, he thought, thrown against the front of the carriage. He was much frightened, and was helped out of the carriage. He was driven to his destination, where he transacted some business, and asked for a chair, stating that he felt faint, and that his back was hurt. On arriving home in the afternoon he had a frightened, haggard look. Mr. Bennett, of Cleckheaton, found on examination that his breathing was hurried, and that he complained of pain in the chest and back. No external bruise or injury could be detected, but the right side of the chest was extremely tender. The next day some signs of pneumonia were apparent in the side, and the inflammation gradually spread, and apparently, on June 26th, signs of pleurisy were added to those of the pneumonia. The diagnosis was confirmed on July 3d by Dr. Clifford Allbutt, and on the same day the patient died. The diagnosis was confirmed also by a post-mortem examination. Mr. Bennett expressed his belief that the pneumonia was the result of the shock to the nervous system, which interfered with the circulation of the blood through the lungs. Dr. Allbutt was also of opinion that the railway accident was the cause of the pneumonia. He was subjected to a searching cross-examination, and could not state that he had ever known a case of pleuro-pneumonia caused by a shock, in which there was neither broken rib, bruise, laceration of the pleura or lung, or effusion of blood, although his impression was that he had read of such cases. In reply to further questioning, as to whether pneumonia did not arise from changes in the blood, and whether he could suggest any other way in which it might be caused, he frankly disclaimed for himself, and the human race, "the slightest knowledge" of the causes of pleuro-pneumonia. Mr. Jessop, however, came to the rescue with a very pertinent case. He had known an instance of a man who had fallen over the edge of a quarry and had broken his thigh. There was no evidence of other injury in any part of the body, and yet pleuro-pneu-

monia set in. Dr. Eddison, who had been present at the post-mortem examination of the body of the plaintiff's husband, expressed a corroborative opinion as to the cause of death. The case then terminated by an agreement on the part of the counsel for a verdict against the company with £1,500 damages. In a case in which such different opinions might, very honestly, have been held, it is a matter for congratulation that the customary spectacle of conflicting medical evidence was avoided. The opinions expressed were certainly, considering the circumstances of the case, reasonable. There can be little doubt that the man's death was the result of the accident, and that it was caused by the pneumonia, although how the latter resulted is by no means clear, and is of less practical than pathological importance. It is certain that mental or physical nerve shock may cause profound visceral changes, and it is highly probable that it may give rise to pneumonia. At the same time the cases on record, which are not numerous, of pneumonia without direct and obvious injury to the lung, are those in which there has been abundant contusion of the thorax, and it would seem probable, from the tenderness which existed, that such contusion occurred in this case. The possibility of a direct injury to the vascular tissues of the lung, leading, in the depressed nervous condition of the patient, to a progressive and excessive inflammation, can not be so excluded as to render the purely neurotic theory one of high probability. (*Lancet*, April 27).

THE CIRCULATION OF THE AMERICAN PRACTITIONER.—A recent exchange states the circulation of this journal to be nine hundred. This number includes merely those sent by J. P. Morton and Co. from Louisville. Cathcart and Cleland send from Indianapolis five hundred, so that the entire circulation of the AMERICAN PRACTITIONER is one thousand four hundred instead of nine hundred. Rowell's Directory has received no attention from our journal for more than two years at least, and is not therefore a reliable authority upon this matter.

AMERICAN MEDICAL ASSOCIATION.—The committee of arrangements in Buffalo are active in making preparation for the meeting of the association, and for the accommodation of delegates and their families. They present for the information of the members of the association the location and terms of the following hotels:

Tifft House, 465 Main st.,	\$3.00 per day.
Mansion House, cor. Main and Exchange, 2.50	"
National Hotel, Exchange, opp. Cen. Dep., 1.50	"
Continental, Exchange, cor. Michigan st., 2.00	"
Bonney's Hotel, Washington, cor. Carroll, 1.50	"
United States Hotel, Terrace, cor. Pearl, 2.00	"
Broezel's Hotel, 127 East Seneca, 2.00	"
American Hotel, East Swan, cor. Ellicott, 1.50	"

It is believed all guests will be thus amply provided for during the meeting. (*Buffalo Medical and Surgical Journal*.)

STATE MEDICAL SOCIETY OF ARKANSAS.—The third annual session was held at Fort Smith, May 1, 1878.

The following parties were expelled: Drs. P. H. Ellsworth, O. A. Hobson, G. W. Lawrence, S. W. Franklin and E. A. Shippey.

The list of delegates to the American Medical Association is as follows: W. B. Welch, P. O. Hooper, D. A. Linthicum, E. R. DuVal, R. G. Jennings, R. Brunson, W. W. Bailey, J. E. Bennett, J. S. Shibley, A. N. Carrigan, F. N. Burke, S. W. Jones, W. H. Hawkins, C. S. Gray, B. F. Fortner, D. H. Stayton.

A CRUEL COINCIDENCE.—At a recent meeting of the New England Psychological Society, Boston Medical and Surgical Journal, May 16th, Dr. Draper remarked that one person in six hundred was insane or idiotic in the United States—just the proportion of physicians to the population.

THE MORALE OF PHYSICAL SURROUNDINGS.—This is the title of an interesting and thoughtful article by Dr. J. Milner Fothergill in the May number of *Good Words*, a monthly which has long been one of our most welcome visitors.

MEMORIAL ADDRESS

UPON THE

Life and Services of Lunsford P. Yandell, M. D.

BY THEODORE S. BELL, M. D.

Professor of the Theory and Practice of Medicine, University of Louisville.

Mr. President: At a meeting of the faculty of the Medical Department of the University of Louisville, on the fourth evening of February, a resolution was passed providing that at this commencement occasion a memorial address on the life and services of Professor Lunsford Pitts Yandell, Sr., should be made, and I was selected for this duty, because I was one of his pupils in the beginning of his splendid career as a medical teacher, and because I have been his friend and companion for the space of forty-seven years. In obedience to that call, I am here.

Gentlemen of the Faculty: The sadness and solemnities of a great loss are upon us, and I desire to approach it in a spirit consonant with all that is proper and appropriate on such an occasion. When those who for a long period of time trimmed and held the lamps, so that they might diffuse light, have ceased to perform those offices, we feel that we have been bereft of many sources of healthful joy, of beneficent trust, of munificent treasures.

The Hebrew prophet, in his hallowed vision, penetrated "the under world," and saw its scenes of grandeur as they were called forth by the downfall of him who had laid his heavy hand on the people of God. The highest flights of Greek and Roman poetry sink before it; even the *Æschylus* scenes of the burning beacons, that leaped from hill to hill, and conveyed to Greece the intelligence of the fall of Troy, are tame in the presence of the sublime imagery, the splendid roll-call, the vivid life that moves in this

panorama, called into existence by the genius of Isaiah. Nature herself bursts forth in rapturous joy, thanksgiving and praise:

“How hath the oppressor ceased! The exactress of gold ceased!
He who smote ‘the people’ in wrath with a continual stroke.
He that ruled the nations in anger, is persecuted—none hindereth.
Yea, the fir trees rejoice at thee—and the cedars of Lebanon, saying,
Since thou art laid down—no feller is come up against us.”

In his ecstatic vision Isaiah saw “the under world” moved by the great event:

“It hath raised up from their thrones all the kings of the nations.
They all speak and say unto thee,
Art thou also become weak as we? Art thou become like unto us?
Thy pomp is brought down to the grave, and the noise of thy viols;
* * * * *
How art thou fallen from heaven, O Lucifer, son of the morning!
How art thou cut down to the ground which didst weaken the nations!
For thou hast said in thine heart,
I will ascend into heaven, I will exalt my throne above the stars of God;
I will sit also on the mount of the congregation, in the sides of the north;
I will ascend above the heights of the clouds; I will be like the Most
High.
Yet thou shalt be brought down to hell, to the sides of the pit.
They that see thee shall narrowly look upon thee and consider thee,
saying,
Is this the man that made the earth tremble, that did shake the king-
doms;
That made the world as a wilderness, and destroyed the cities thereof;
That did not let his prisoners loose homewards?”

And may not we, with an eye of faith, look in upon that “under world,” and see the lover of Christianity, the apostle of science, the earnest devotee to the medical profession, greeted and hailed with joy and rapture by the throngs that knew him in this life, and who had preceded him in the journey of immortality? If that “under world” has wrath and condemnation for the oppressor, the evil doer, and the worker of all unrighteousness, is it not the fullness of joy, of rapturous joy, to know, by faith, that in its wide domain there are many mansions reserved and prepared expressly for the blessed in Christ; for those who labored in the ordeal of this life to not only enjoy the full fruition of the beatitudes poured out bountifully in “the Sermon on the Mount,” but to diffuse them to others whenever and wherever opportunity was offered, or could be made? May we not rejoice to know that

"the ministering spirits" appointed for "the heirs of salvation" accompany them across the Jordan of death to the heavenly Canaan? That on the grand and eternal fields of that inheritance they are met by those who have well performed their part in the pilgrimage of this life, who have ended faith by sight, hope in fruition, and are filled with an eternal love? This inheritance is far beyond the most enraptured vision that the eyes of the Hebrew prophets ever saw.

I have felt it incumbent upon me to say at least this much respecting a conspicuous trait in the life of the man to whose memory we joyfully pay tribute. In an early part of the public labor he performed in Transylvania University, he made prominent, not only his devotion to Christianity, but he urged upon the medical students to whom his address was delivered, its all important character. He earnestly and cogently said:

"I owe it to you, to my conscience, to the professions I have made, and to that Being who is above all these, to exhort you to be something higher and better than wise men; and to declare my firm belief that there is no system of sound morals, no safe guide for human conduct, that neither virtue nor knowledge has any vigor or immortal hope, except in the principles of the Christian faith, and the doctrines of the Christian religion. And let me add my conviction, that if you will bring to the study an impartial temper, and one-half of the industry with which you have prosecuted medicine this winter, your investigations will result in a firm, unwavering and salutary belief in their truth." And during the forty-six years that have rolled their courses since our illustrious friend uttered these immortalizing truths, we, who knew him intimately, know that he made these principles the constant guide of his life—they were his solace in dying.

I should feel that I had done but a very small part of my duty to his memory were I to permit this occasion to pass away without improving it with some remarks on this momentous theme. I know that it is unfashionable to speak in behalf of Christianity; I know that there is an undercurrent of infidelity that is steeped in ignorance, that takes a delight in destroying all the hopes that rest on this fair fabric. But there is a strong probability that this is the last time that I shall occupy the rostrum for a public lecture, and that is a cogent reason why I shall say something on the point before us. May I not ask for this episode your careful attention?

If the wild and incoherent infidelity among us goes back to Theocritus, Lucretius and Lucien, may we not do the same?

And, I ask, does not all concurrent testimony show that in the days of Nero all precedent civilization was utterly dead? The Greek, the Roman and the Hebrew were alike effete and trampled under foot. The highest hope of mankind was concerned about one thing alone—that was Nero-olatry, the worship of Nero. What revived the Greek, the Roman and the Hebrew literature and philosophy? What was it that breathed into those dry bones the breath of life, and rehabilitated them with flesh and blood? Something passed over this vast morass of death, and quickened it into undying verdure. What was it? From whence came this vivifying power, this marvelous vivification? Something was born among men that changed the whole current of history. Let us look at the events in the bald light of mere history. Let us strip them of every claim to divine power, and what do we find? A poor Jew, a man of a detested race, toward which Greek and Roman felt an utter repugnance, began in Judea to teach a new doctrine, a system of morals at once pure and sublime, and he, for the first time, taught immortality. He chose for his companions the lowest members of the Jewish race, who spoke a dialect almost unintelligible to the Jews. The grand tribunal of the Jewish race arrested him and put him to death; and from this beginning started the mightiest power that has ever moved among the inhabitants of this planet. In its wide-spread domain it has never been rivaled; in its persistent power it has never been equaled. It has in it now "the fountain of immortal youth;" it is as young, as vigorous, as all-subduing as when it started on its grand career. At this moment it shows as small a propensity toward decay as at any moment of its existence. It bore unchanged the mightiest changes of the earth; the rage and bloody persecution of the Jewish hierarchy and all the power of the Roman empire. I ask—and may I not reasonably ask—those who are mighty and potent in EVOLUTION to explain this phenomenon. The entire history of the earth has nothing that even approaches a parallelism to this. For nearly two thousand years this power, thus lowly born, without any adventitious aid, has ruled the ablest minds and the purest hearts of the human race. Can the enigma be solved? Say that it was a mere human event, from whence came its vitality? No power coeval with it, no

matter how enthroned, no matter how panoplied, has come down the stream of time with it. It did not ally itself with any force extrinsic to itself; it contained constant protest against any such alliance, and it survived, pure, youthful, ennobling and vivifying, when other matter was wrecked, when all other worlds of thought were crushed. That solution of the enigma will not, can not do. Nature has made the law, that can not be transgressed—the stream can not rise higher than its fountain. Say that it was a fraud, what other fraud ever stood the ordeal through which this has passed? And what fraud, among all that have been fabricated, was ever made of such material as this? There is not a flaw anywhere within it. It inculcated and rendered obligatory the purest, sublimest morals that the earth has ever known. Is this a birthright of fraud? If so, in what other one, in all the history of the earth, has it ever been found?

I hold that it is incontestably of divine power, and that upon no other basis can any one account for its birth, its progress, its mighty sway, its existence from its birth to the present moment.

I do not envy that man who undertakes to impair this, the richest bequest that Palestine, which teemed with other splendors of glory, ever gave to the human inhabitants of the earth. Swung loose from its moorings in this faith, the human family is thrown upon a tumultuous ocean, the sport of its wild waters, without rudder, compass or light-house. The horrible, loathsome picture of human nature, portrayed with the supreme skill of a pre-eminent limner, in the first chapter of the letter to the Romans, would be its portrait now. Juvenal, Persius, Catullus and Ovid bear abundant testimony to the truth of the picture. There was not one redeeming gleam of moral beauty in the somber hues of this portraiture of human desolation and depravity. The purifying, ennobling, chastening power of the gospel of Christ lifted humanity from the sloughs of this degradation. No other power has yet been conceived that could have done this. In accepting this we have not followed a cunningly devised fable. There is not a fact in the history of this planet that stands on a more imperishable foundation of truth than this. Not one argument against it has ever borne the ordeal of trial. I know what I affirm, for I have carefully tried every one that I have ever heard of. The truths of Christianity have stood uninjured the test of nearly two thousand years. Evolution is but the creature of yes-

terday, that will perish in the using. We solve, by the court of our reason, through the equipments of the mind, all other historical questions. Why not this, infinitely the most momentous one ever addressed to the human faculties? Why shall this alone be given over to the puerilities of dogmatism, of wild, bootless assertion, and the windy emptiness of sneers? As Jean Paul Richter says: "There is an infinite interval between the tallest of our race and that Majestic One, who, being the holiest among the mighty, and the mightiest among the holy, lifted with His pierced hands empires from their hinges, turned the stream of centuries out of its channel, and still governs the Ages."

I have said enough on this theme for such an occasion as this. I rejoice that our friend whose loss we deplore panoplied himself with the graces and vigor of this great power, and gathered the mighty strength of his life from its vitalizing influence. I owed to his memory its embalment in the precious material of this faith. I owed to myself this testimony in its behalf.

In the very morning of the illustrious career run by Professor Yandell he accepted a life of toil that should bear rich and noble fruit. In the introductory discourse to the first medical class that he ever addressed, he said: "There are many medals in the natural history of the West, which the industrious of you will receive,—contributions to be made to the stock of science, which will place the aspiring of you on the same catalogue with Linnaeus, Harvey, Priestly, Lavoisier and Davy. And," he added, "let me say to you, that that individual who shall write the natural history of the Western country, present the locality of its minerals, describe the geology, the character of its animal and vegetable productions, analyze its mineral waters, and describe its diseases, with the causes which give rise to, and the method of preventing and curing them, if he may not be promised the boon of immortality, will yet both add to the glory of his country, derive a rich present reward of fame and money, and be ranked by posterity among the effective contributors to science."

This is an epitome of his own great career, and through forty-seven years of his life he earnestly, sedulously and actively pursued the practices thus inculcated. It was my good fortune to hear his first course of lectures on chemistry, and I can bear testimony to the fact that he imbued the class with a love of science which no preceding one had known. But it was on the occasion

of his removal to Louisville that he entered upon his great career as a geological explorer, as a paleontological student, in which he won merited distinction. The coral reef at the falls of the Ohio; the fossiliferous beds of Beargrass creek; the Buttonmole hill in this county; the quarries in the neighborhood of the city, and Spergen hill, in Indiana, greatly enlarged his knowledge in these rich fields of exploration, and enriched his cabinet with priceless treasures. He entered into this field of research in the very healthful frame of mind that Whewell has well described when he says:

"The real philosopher, who knows that all the kinds of truth are intimately connected, and that all the best hopes and encouragements which are granted to our nature must be consistent with truth, will be satisfied and confirmed, rather than surprised and disturbed, to find the natural sciences leading him to the borders of a higher region. To him it will appear natural and reasonable that, after journeying so long among the beautiful and orderly laws by which the universe is governed, we find ourselves at last approaching to a source of order and law and intellectual beauty; that, after venturing into the region of life, and feeling, and will, we are led to believe the fountain of life and will not to be itself unintelligent and dead, but to be a living mind—a power which aims as well as acts. To us the doctrine appears like the natural cadence of the tones to which we have so long been listening; and without such a final strain our ears would have been left craving and unsatisfied. We have been lingering long amid the harmonies of law and symmetry, constancy and development; and these notes, though their music was sweet and deep, must too oft have sounded to the ear of our moral nature as vague and unmeaning melodies, floating in the air around us, but conveying no definite thought, molded into no intelligible announcement. But one passage which we have again and again caught by snatches, though sometimes interrupted and lost, at last swells in our ears full, clear and decided; and the religious hymn in honor of the Creator, to which Galen so gladly lent his voice, and in which the best physiologists of succeeding times have ever joined, is filled into a richer and deeper harmony by the greatest philosophers of these later days, and will roll on hereafter, the 'perpetual song' of the temple of science."

As we survey the earnest and continuous efforts of Prof. Yandell,

of this zealous devotee to science, we are struck by the varied and diversified character of his labors, and with the monumental pile he reared by those labors. All scientific inquiry commanded his attention and won his active agencies. He surveyed the starry constellations, and found in them abundant food for his mind; he saw them and studied them as the work of Him

“ Who alone spread out the heavens,
And treadeth upon the waves of the sea.
Who made Arcturus, Orion and Pleiades,
And the chambers of the South;
Who doeth great things past finding out; yea, and
wonders without number.”

His love for natural science became intense, and to the abundant riches of this part of the State he found ample scope for the zeal that fired his soul. He called from their crypts the members of the crinoidean world; he saw them as radiated animals, growing on a long, jointed stalk, and possessing a wondrous beauty. They fairly swarmed in the early seas, in the primordial ages of the earth, and culminated in the carboniferous era of our planet. A vast profusion of the crinoids extended from Jefferson county, in Kentucky, down into Alabama. At the command of his palaeontological genius, the fossil forms seemed to be once more endowed with life, and give us glimpses of the world as it existed when they crowded the waters and were preparing to make immense monuments with their remains. These stone-lilies are among the most beautiful things of the fossiliferous ages. With a rare and earnest eloquence, and a mind full of the theme, he prepared a paper for “The Home and School,” an educational periodical, published in this city, on the question “What fossils teach.” Of all his scientific papers, if it is lawful to make a distinction where all are replete with interest, this is one of the profoundest, and is remarkably full of instruction of very great value. In this admirable essay the encrinites play their part. The whole of this admirable paper is written in a style of great excellence. The exordium is of singular beauty, recalling, as it does, the graceful, eloquent teaching of Mantell, and the effulgent splendors of Hugh Miller. The peroration is in fine keeping with all the other great merits of this essay.

Professor Yandell says: “The grasses in which the grain-bearing plants are ranged—wheat, rye, barley, rice and Indian corn

—had not then clothed the earth with verdure; nor had the family been called into existence which affords the apple, the peach, the grape, the orange and the rose. There were few or no spices yielding ‘cinnamon and odors and frankincense and wine, and oil and fine flour.’ The odors which give beauty to the earth, and load its air with fragrance and supply us with our delicious subacid fruits, had not appeared. But when all these had been fashioned, and the ruminant family among animals had been introduced to supply him with milk and flesh best suited to his wants, then, ‘in the fullness of time,’ man, of noble aspect and erect in gait, with face that turns naturally upward toward the heavens, with hands framed to execute whatever his mind can devise, with ‘reason looking before and after, and conscience having respect to a life to come,’ was brought upon the stage to preside over the goodly scene and hold communion with his Maker.”

In 1847 Professor Yandell and Dr. B. F. Shumard published “Contributions to the Geology of Kentucky.”

In 1848 Professor Yandell published a “note to M. de Vernuil, concerning the discovery of calcareous arms in *Pentremites Floralis*.” This fossil, in its most perfect condition, is found in the Keokuk beds, at Crawfordsville, Indiana. This “note” was published in the Bulletin of the Geological Society of France.

In 1851 Professor Yandell published a very valuable and highly-prized article “On the Distribution of the Crinoidea in the Western States.” It was published in the proceedings of the American Association for the Advancement of Science.

In 1855 there appeared in “The American Journal of Science and Art,” known over the world as Silliman’s Journal, from the pen of Professor Yandell, “A Description of a New Genus of Crinoidea, named *Acrocrinus Shumardi*.”

During all this time he was laboriously engaged in the practice of his profession, and in his duties as a medical teacher in the University of Louisville. And, in addition to these, through a long period of time, he regularly gathered the medical class on Sunday mornings, and taught them the relations of geological science to the genesis of creation, as recorded by Moses. Many works have been recently written on this subject, but Professor Yandell was one of the earliest laborers in this field, he having given the rich intelligence of his mind to these themes more than a quarter of a century ago.

The great masters of geology and palæontology, in recognition of the remarkable merit of his labors in its departments, medalized, as a perpetual memorial, his name on these fossils:

Platycrinus Yandelli, named and described by Owen and Shumard.

Actinocrinus Yandelli, named by Dr. B. F. Shumard.

Chonetes Yandellana, by Professor James Hall.

Amplexus Yandelli, by Edwards and Haime.

Trachonema Yandellana, by Professor James Hall.

Phillipsastrea Yandelli, by Dr. C. Rominger, the great palæontologist of Michigan.

But in the short space of time allotted to me I should utterly fail were I to attempt even to name all these labors that constituted an active life of forty-seven years. I can not dwell, therefore, on any other part of my theme as I have dwelt upon this. And even it is far from being exhausted. We may rejoice to know that his valuable museum of Natural Science will remain among us here in Louisville. By his will he bequeathed it to his son honored as his namesake, who materially aided him in collecting and preserving it.

But, above all other things of a mere earthly character, Professor Yandell was devoted to his profession. He felt, with his favorite poet, that

"A wise physician, skilled our wounds to heal,
Is more than armies to the public weal."

In his ceaseless activities in various toils, he never lost sight of the conspicuity to which the medical profession is thoroughly entitled, and he labored to promote it toward that high ideal he had formed of its significant merits. While he was far superior in learning and in the equipments for practice to Sydenham, he loved to dwell on his noble qualities and to present him as an exemplar worthy of all honor. In his mind's eye he saw him come through a civil war, an officer retired from service, without an employment of any kind. He saw him select medicine as a noble and worthy calling, and to its study he devoted himself with zeal and assiduity, and, in addition to this, he made himself one of the best Latin scholars of the time—less than Milton, but a man might be that and yet be a respectable Latinist. He obtained the name among his countrymen of "the English Hippocrates," a proud

name to which he is eminently entitled. Professor Yandell supremely admired his character, and was intimately acquainted with his works. He made his maxims the constant guide of his professional life. In all his visiting lists he wrote, just beneath his name,

"Primum est non nocere."—SYDENHAM.

In a number of these he wrote, from the same source, just under the first:

"Medicus curat, natura sanat morbos."

When he roused himself to the fact that the advancement of medical science and improvements in teaching demanded a widely different field from that which Lexington furnished, he did not hesitate as to his duty. He came to Louisville, and aided very materially in founding the Medical Department of the University of Louisville. In this great enterprise, which has been of incalculable value to the Southwest, and which has largely contributed to the renown and pecuniary emoluments of Louisville, Professor Yandell, next to the Hon. James Guthrie, was the Ajax Telamon of this arduous undertaking. I have often thought of Macaulay's "restless bed of Pascal," in connection with Professor Yandell in these early labors. He, like Pascal, was pale and sickly, the victim of a disease that brought him near to death's door. But his courage was invincible, his spirit indomitable, his energies nearly tireless. "Sublime indeed is the dominion of the mind over the body, that, for a time, can make the flesh and nerve impregnable and string the sinews like steel."

In that which he felt it his duty to perform he seemed to rise superior to sickness and suffering. In this severe suffering he filled two chairs in the University, and he rejoiced to see it established as one of the most prosperous institutions of medical learning in the United States. He was directly connected with it for the period of twenty-one years, and to the end of his great life he remained its wise counselor, its active and cherished friend. Alas! how we shall miss his accustomed presence with us on occasions of this kind!

In all the years of his busy life, he was unresting in the labors that he loved. They were diversified, but such was the skill he displayed in each department which he adorned, that in looking at any one specimen of his work we might have supposed that one

was his vocation. Whether he wrote history, essays upon geology, on medical themes, biography, the advancement of education, or the wisdom, the power and beneficence of the Creator in His works, he seemed to make each theme his own, and he adorned it with life and beauty. Independently of his lectures, he wrote fully one hundred papers on the various subjects that he had studied, and they are papers of profound interest. His mind was admirably equipped for work of this kind. He seemed to have caught, in its fullness, the spirit of the teachings of Dr. Abercrombie, in his great work "On the Intellectual Faculties:" "Learn to feel the supreme interest of the discipline of the mind; study the remarkable power which you can exercise over its habits of attention and its trains of thought, and cultivate a sense of the deep importance of exercising this power according to the principles of wisdom and virtue. Judging upon these principles, we are taught to feel that life has a value beyond the mere acquirement of knowledge, and the mere prosecution of our own happiness. This value is found in those nobler pursuits which qualify us for promoting the good of others, and in those acquirements by which we learn to become masters of ourselves. It is to cultivate the intellectual part for the attainment of truth, and to train the moral being for the solemn purposes of life, when life is viewed in its relation to a life which is to come."

How grand and ennobling are such trainings and equipments as these for the sublime and glorious purposes of our lives! How vast may the proportions of these lives become by incessant exertions on our part, to send abroad the fertilizing influences that quicken our whole being into works of beneficence, of kindness, of mercy, of gentleness, adorned with all the graces of philanthropy! I have known many students who seemed to grasp each flying moment for improvement, but I have never known a more incessant student than Professor Yandell. As his manifold acquisitions fell from his mind, it was lawful and natural to wonder where he could have gathered them. If you were very intimate with him, and saw how he improved every opportunity, how, instead of shunning labor, he courted all the exactions of toil, the wonder would have been reasonable whether there was anything which he did not know. He was very familiar with the heights and depths, with the most recondite intricacies of the English language. The monstrosities of uncouth forms called the English

dialect did not mar and disfigure the purities of his compositions. There was a freshness, a clearness of diction, an energetic style that make his writings a delightful study, and these were as conspicuous in his recent writings as in those of any period of his career. In this respect he is a model, an exemplar worthy of a large following. You will find in English medical literature, prepared by men who have gone through university terms at Oxford or Cambridge, an attempt at emphasis by using the word "most" in a way to make it mean nothing. If they wish to be emphatic, instead of saying very correct or very accurate, they insult us by saying most correct or most accurate, never having learned, apparently, that most is the superlative of much, and in the mass of places where it is applied must be used, appropriately, as such. From such sins and vices in composition akin to them, as these, Professor Yandell was unusually free. His words, and words are things, were not like a disorderly soldiery in bewildered, tumultuous flight, but each part of speech fell into its place and marched as steadily and correctly as a well-disciplined army. He held that whatever is worth doing, is worthy of being well done.

A gentleman who became intimate with Professor Yandell soon after his arrival in this city, and who is distinguished for his liberal help to the needy, told me recently that he had often called upon Professor Yandell for help in cases of distress, and that in no instance had he ever failed in getting all the aid he told him he needed from him. In this respect the poor have lost in him a munificent friend.

I have known but few men as thoroughly acquainted with the whole range of English literature as Professor Yandell. He had its great masters in all their grandeur, in their diversified beauty, energy, vigor and potency, in very perfect ministry to his wishes. It was delightful to hear their eloquence, their terseness, their epigrammatic wit sparkle in his conversation. His colloquial powers, through these vitalizing agencies, were of a very high character, and it was a rare feast to listen to them.

In all the relations of his life he was eminently great. He adorned the lecture room with a fervid eloquence; as an editor of medical journalism he had few equals and no superior; as a medical essayist he was forcible, clear and instructive; as a geologist and palaeontologist he was one of the foremost cultivators in the West and Southwest, and he ranked very high among the

masters of these sciences. He was an able, judicious and instructive biographer in his profession, and his great biographical work on the medical men of Kentucky is in such a state of forwardness that there is good reason to suppose it will yet see the light. A foretaste of its excellent qualities has already been given in the published monographs on Professors B. W. Dudley, Charles Caldwell, John Esten Cooke and Dr B. F. Shumard, and those who have partaken of these streams will rejoice when the full flowing river is ready for profitable use.

If any one wishes to see and understand his masterly ability, I direct attention to that elaborate and eloquent "Address on Medical Literature before the International Medical Congress," which assembled at Philadelphia in 1876. It is filled with profound interest. There is in it almost an exhaustive research, a careful weighing of statements in uttering his judgments, a lively, spirited, clear and terse style, that commends it as the ablest paper that has appeared on the subject.

In addition to the paper on "What fossils teach," to which I have already referred, he wrote for the *Home and School*, a journal devoted to education, literature and science, edited by Major Davis, of this city, these valuable essays: "The blood in its relations to the brain," "Food and digestion," "Influence of the mind on the body," an essay "On the brain," "The poetry of science," "Physiology of sleep and dreams," and "On birds," each of which will well reward study.

The last paper which he lived to write was probably one of the most instructive of all his voluminous writings, replete as they all are with instruction. It is entitled "Old Age: its diseases and its hygiene." It is a panorama of striking facts of absorbing interest. The closing sentence of this paper is: "The thought with which I would close this essay is that the danger which most imperils old age is not overwork, but the want of enlivening occupation." He had inculcated a doctrine akin to this in his paper on "The influence of the mind upon the body." He enforced it strongly and beautifully by reference to the life of Dean Swift. In this excellent, this judicious paper on "Old Age," which we rejoice to know he was preserved to finish, occurs this instructive passage: "The enfeebled power of generating heat renders aged persons extremely sensitive to cold, and liable to the complaints which cold engenders. Many old people, especially among the

poor, fall victims to pneumonia every winter. Dr. Cooke, just referred to, long a teacher of medicine in Kentucky, had repeated attacks of pneumonia, and finally died of one brought on by exposure to cold on his farm. If he stood on a cold pavement, at any time, until he began to shiver, he was sure, as I have often heard him remark, to have an attack."

It is very curious that our illustrious teacher, with such lessons as these written to guide others, should have fallen a victim to pneumonia by neglecting his own excellent teaching. He referred to this fact on his death-bed, and said that it was strange that he should then be ill from a failure to observe one of the most clear of all sanitary laws, one which he had fully inculcated in this essay. It was an illustration, added to many thousands of examples, of the truth of the sentiment of Horace:

"I know the right, and I approve it, too;
I hate the wrong, and yet the wrong pursue."

In this essay, Professor Yandell says: "In truth we have to confess that we know not what is the natural term of human life." He combats the prevalent prejudice that severe studies shorten life. He very properly considers that "climate, personal habits, occupation and mode of life, are known to be vastly influential." Elam, in his work, "A Physician's Problems," in addition to the instances given by Professor Yandell, enumerates many examples of old age, in persons of great learning and very studious habits, from which I quote: Fontenelle, the most universal genius that Europe has produced, was for forty-two years secretary to the Academy of Sciences in Paris; he lived with unimpaired faculties to the age of one hundred years. When he was asked whether he felt any pain, he replied: "I only feel a difficulty in existing." Father Sirmond, called by Naude, "an inexhaustible treasury of ecclesiastical lore," lived to be ninety-three; and Hutton, the great geologist and cosmogonist, notwithstanding the fiery flames of persecution that he had to pass through on account of his geological teachings, died at the age of ninety-two.

Gorgias, the rhetorician, lived to the age of one hundred and eight years, "without discontinuing his studies and without any infirmities." Epimenides, the seventh of "the wise men of Greece," lived to be one hundred and fifty-four. The preceptor

of Hippocrates, Herodicus, a distinguished physician and philosopher, lived to the age of one hundred. Hippocrates lived to be ninety-nine, and his labors and studies were very great. Galen, a laborious writer and physician, was on the verge of one hundred years when he died. He is said to have written three hundred volumes. Theophrastus wrote two hundred distinct treatises, and lived to be one hundred and seven years old. Democritus, the philosopher, died at the age of one hundred and nine. Xenophon, Diogenes and Carneades each lived to be ninety. Varro was a studious scholar and laborious worker in author-craft. He composed five hundred volumes and lived eighty-eight years. Euripides was eighty-five years of age before death overtook him. Polybius was eighty-one, Juvenal over eighty, Plato died at eighty-one, and Socrates was murdered at seventy-one years of age. Theodore Beza, the illustrious scholar, and one of the greatest of controversial writers, was in perfect possession of his faculties at eighty-six. Richard Bentley, one of the greatest of scholars, died at eighty-one; Hobbs at ninety-one; Heyne at eighty-four; Parr at eighty; Pighius at eighty-four.

M. Lordat, in his "Mental Dynamics," gives many instances of successful literary pursuits being carried on to an extremely advanced age. Among them is that of a French poet, M. Quermonnier, who, in 1844, was one hundred and sixteen years of age. He was remarkable for his fine conversational powers and vivacity. In conversation with a friend, he said: "I am descended from Methusaleh; we must be killed in order to die; my maternal grandfather was killed by an accident at 125 years of age. I invite you to my funeral in the next century."

Lord Brougham reached the age of eighty-nine, and was engaged constantly in intellectual labors, from early boyhood to the end of his life. He once worked six continuous days (144 hours) without sleep, then rushed down to his country lodgings, slept all Saturday night, all Sunday and Sunday night, and was waked by his valet on Monday morning, to begin another week's work. His labors were equal to those of half a dozen ordinarily active literary men. He never seemed to be fatigued.

Mr. Maclaren, of the Gymnasium, Oxford, in his work on "Physical Education," says: "There is no error more profound, or productive of more evil, than that which views the bodily and mental powers as antithetical and opposed, and which imagines

that the culture of the one must be made at the expense of the other. *The truth is precisely the reverse of this. In the acquirement of bodily health, mental occupation is a helpful, indeed a necessary agent.*" Dr. Madden, in his work on "The Infirmitiess of Genius," says: "It may truly be said, without any hyperbole, that every pursuit which ennobles the mind has a tendency to invigorate the body, and, by its tranquilizing influence, to add to the duration of life."

It was the besotted voluptuary, Festus, who gave currency to the doctrine, against which Professor Yandell reasoned in this paper. Festus, amazed at the fervid, electrical eloquence of Paul, said: "Much learning has made you mad," as if, in the annals of mankind, such a thing had ever occurred. We owe Professor Yandell a debt of profound gratitude for this able essay.

Professor Parvin records that in a note accompanying the manuscript, he said: "This probably is the last of my contributions to medical journalism." Alas! that death should have made this a truthful prophecy. At noon, on Thursday, before he died, he began a note to his son, saying: "I should like to see the proof of my article on Old"—his hand failed him, and he was unable to read his proof-sheets when they were brought to him. He died in the full harness of labor.

His last pecuniary transaction was a fitting close to a life that loved to look to the faith in the gospel of Christ, that gives "a hope which we have as an anchor of the soul, both sure and steadfast." The last business transaction, just before he took to his bed, was the payment of his dues to the Orphans' Home.

As a professor, he was always gentle, kind and courteous to medical students. Among his medical brethren he stood very high. His family relations were a picture of supreme bliss. He loved his children with a very pure devotion, which they fully reciprocated. In his recent visit to Texas to attend the wedding of his son, he became enamored with the climate and beauty of Seguin and San Antonio. In his diary I find this record: "I should move to Texas, even at my advanced age, if it were not for my children and grandchildren, who bind me to Louisville. I find myself constantly revisiting in memory the beautiful country about Seguin and San Antonio, where, if I could have my dear ones all around me, I think it would be so pleasant to spend the few declining days that may be left me on earth. I am about finishing

my work on the ‘Medical Annals of Kentucky,’ and then I do not propose to undertake any other task.”

The members of the College of Physicians and Surgeons elected Professor Vandell President of that organization. The State Medical Society, at its annual meeting in this city, last April, honored itself in electing him President of that body, an election which caused a general joy among the medical men of Kentucky. His address on that occasion was, and is, replete with profound interest. How beautifully did he draw, on this occasion, from the rich resources of Crabbe, this picture of medical art and science:

“Glorious its aim! To ease the laboring heart,
To war with Death, and stop his flying dart,
To trace the source whence the fierce contest grew,
And Life’s short lease on easier terms renew;
To calm the frenzy of the burning brain,
To heal the tortures of imploring pain;
Or, where more powerful ills all efforts brave,
To soothe the victim no device can save,
And smooth the stormy passage to the grave.”

On the anniversary of his birthday, July 4, 1875, he had reached the Psalmist’s allotted span of life. In his diary he records: “To-day I have lived my three score and ten years. I have outlived all my family, and have but few cousins older than I am to-day. I have been greatly blessed with health, and with activity of body and mind. I still enjoy life. I love society, especially that of my little grandchildren.

“I look forward without concern to the future, having placed my all in the hands of Him who, having loved me when I was His enemy, will order all things well for me now that I have put my trust in Him. I am persuaded that He will keep that which I have committed to him against that day.”

January 1, 1878, when he was over seventy-two years of age, his diary has this record: “I entered upon the year in excellent health, and in a truly social spirit. I commenced my New Year’s calls with a visit. * * * It was a day of real pleasure to me.” On the 25th of January he records a visit to a patient. He left his office at one o’clock, and never returned to it again.

He often quoted Horace. In one place he says:

“‘Dost thou become more sage,
Milder and mellower, with declining age?’

was a question which Horace habitually asked himself, as his works show;" and, in answer to Horace, Dr. Yandell quotes Wordsworth:

"Old, yet unchilled by age."

But time is waning. I have endeavored to present to you the conspicuous elements that constituted the supreme excellence of the character of Professor Yandell. He died in the spirit in which he had lived. When the summons came he met it in the full possession of his mind, placidly, calmly, contentedly—

"Sinking as sinks the sun
Below the farthest hills, when his day's work is done."

He did not feel, as Lord Chesterfield expressed himself in dying, that "he was taking a leap in the dark." On the 4th day of February his "mortal part put on immortality." He was fully enrobed for this great journey.

The profession of the city honored his remains. A great profusion of flowers decked the casket that contained his body. On the swift courses of the telegraph lines came messages of sorrow and sympathy from the great and eminent of the medical profession throughout the continent.

"What wouldst thou have a good, great man obtain?
Wealth, title, dignity, a golden chain,
Or heap of corses which his sword hath slain?
Goodness and greatness are not means, but ends.
Hath he not always treasures, always friends,
The good great man? Three treasures—love and light,
And calm thoughts, equable as infant's breath;
And three fast friends, more sure than day or night—
Himself, his Maker, and the Angel Death."

Gentlemen of the Faculty, I have thus endeavored to discharge the assigned duty to the memory of our illustrious confrere. Such a career as his, filled as it was with brilliant and almost unceasing labors, could scarcely have justice done to it in the brief space of time allotted to me. But the sketch of such an exemplar as he was may fire the hearts of some of the young men among us to imitate his bright example—to attempt to be as earnest, as industrious, as conscientious and as laborious as he was in every line of duty. May each and all remember that, in the language of Milton: "He alone is worthy the appellation of

greatness who does great things, or teaches how they may be done, or describes them with a suitable majesty when they have been done; but those only are great things which tend to render life more happy, which increase the innocent enjoyments and comforts of existence, or which pave the way to a state of future bliss more permanent and more pure." Such, in a pre-eminent degree, was the life, such the labors of the man whose memory we honor to-day, whose departure from us we deeply deplore. In all your thoughts, in all your acts, remember—

" Were not the eye itself a sun, no sun for it could ever shine;
By nothing noble could the heart be won, were not the heart divine."

ESTABLISHED 1873.

OFFICE OF

JOHN F. JOHNSTON.

MANUFACTURING CHEMIST AND PHARMACIST,
INDIANAPOLIS.

TO THE MEDICAL PROFESSION:

I respectfully invite your attention to the following lines of remedies manufactured by me, giving formulae of a portion of the newest and most important. None but the best materials are used in the manufacture, and *authoritative formulae rigidly adhered to*. Physicians may therefore RELY upon the quality of my preparations. No credit is claimed for inventions or processes unknown to others to give my manufactures superior virtues, but simply a faithful and conscientious use of the drugs employed in QUANTITY AS DIRECTED, manipulated with the utmost care from good materials and by the most approved methods. Many testimonials as to the reliability of my manufactures could be furnished if necessary or advisable to do so; but fearing it would become tedious reading, I will subjoin only the following, begging, however, to state that my preparations were heartily complimented at the meeting of the Indiana State Medical Society at its last session in this city, and by many of the most eminent members individually who have used them extensively:

I had the pleasure of examining a full line of samples of the goods manufactured by John F. Johnston, of Indianapolis, while attending the Tri-States Medical Society at Vincennes, at its last session, and will say that they were heartily endorsed by the Society as well as many of the ablest members. And for myself I think they possess, in the highest degree, the virtues of the drugs they represent.

Newman, Ill., March 19, 1877.

WM. A. SMITH, M. D., Vice-Pres't Tri-States Society.

The Purity and Excellence of Drugs—Something We are All Interested In.

Indianapolis Journal, March 17, 1877.

It undoubtedly is a matter of much importance that the prescriptions of our physicians should be filled not only accurately, but that nothing but the most reliable drugs should be used. We therefore take pleasure in inviting the attention of the reader to the subjoined card from one of our most prominent physicians, who has made the science of chemistry a study, and is now a professor of *Materia Medica* in the Indiana Medical College. Certainly what he says in regard to this subject is entitled to profound consideration, and may be unreservedly relied upon:

"I willingly add my testimony as to the purity and uniformity of all the medical preparations manufactured by John F. Johnston, of Indianapolis. I have been using them since they were first introduced, and as superintendent of the City Dispensary have had occasion to observe their effect in a vast number of cases. Having known Dr. Johnston personally for many years, I can vouch for his strict integrity and constant desire to have every article of the strength demanded by the United States Pharmacopœia. And furthermore, he has brought to his aid all the apparatus for making such preparations upon the plans directed by the official boards of medicine and pharmacy of the United States. To all this, his laboratory engages the constant personal attention of well-skilled chemists, who preside over and conduct every portion of the manufacture, from selection of the raw material to the completion of the process. It is with considerable degree of pride that I can boast to my class that in our own State and city we have our medical preparations elaborated of the best material and of strictly official strength, and are not dependent upon foreign manufacture."

"W. B. FLETCHER, M. D.
Professor *Materia Medica*, Indiana Medical College."

The within-mentioned line of goods, or any of my manufacture, on being particularly designated, can be obtained of the leading druggists throughout the country.

Full catalogues on application. Correspondence receives prompt attention.

JOHN F. JOHNSTON.

ELIXIR CATHARTIC COMPOUND.

Pleasant to take, and acts as gently as Castor Oil. Notice my formulae on third page.

Elegant preparations, carefully and accurately compounded. I give ointments and dose of a portion of the leading articles; assuring Physicians that they will beound on trial to merit their confidence

Dose on each Label.

CONTAINS.	Dose.	Uses.
Papain and Wafer Ash, Calaysa, with Pepto-Pancreatin, Bismuth, with Wafer Ash.	2 grs. Bismuth to each teaspoonful.	1 teaspoonful..... Diarrhoea, dysentery, gastralgia, etc. 1 gr. Bismuth, 1/4 gr. Strychnia to teaspoonful..... Diarrhoea, indigestion, etc. Nervous sedative.
Bromide Ammonium.	5 gr. to each teaspoonful.	1 teaspoonful..... Indicated in nervous complaints.
Bromide Potassium.	5 grs. to each teaspoonful.	1 to 4 teaspoonfuls..... Valuable in diseases of the urinary organs.
Bromide Sodium.	5 grs. to each teaspoonful.	Tonic and stomachic.
Buchi, Compound.	Buchi, Pareira, Juniper, Cubeba, Bark, 4 grs., to teaspoonful.	A valuable tonic. For general debility and want of vigor in digestive organs.
Calaya and Pyrophos Iron.	Cal. bark 4 grs., Iron 1 gr., to teaspoonful.	1 to 3 teaspoonfuls..... Syphilis and scrofula.
Calaya, Iron and Bismuth.	Cal. 4 grs., Iron 1 gr., his. 26 gr., to teaspoonful.	Tone and vehicle for bitter medicines.
Calaya, Iron and Strychnia.	Cal. 4 grs., Iron 3 gr., Strych. 1-1/2 gr., to teaspoonful.	An agreeable form for administering Tinct Chloride Iron.
Cathartic, Compound.	Turkey-Corn, Twin Leaf, Blue Flag, Sheep Laurel.	Chalybeate tonic.
Corydalis, Compound.	Dandelion, Wild Cherry, Gentian and Aromatics.	Athrinic and spasmodic affections of the throat.
Dandilion, Compound.	Gentian to 3 grs., Tr. Chilo Iron ten drops to teaspoonful.	Valuable in headache.
Gentian and Chlorophos. Iron.	Gentian 4 grs., Iron 1 gr., to teaspoonful.	Uterine tonic and anti-spasmodic.
Glandula Robertae.	10 grs. to fluid drachm.	All to a teaspoonful..... Utterine tonic, etc.
Glaucaria.	1 drachm to oz.	1 to 2 teaspoonfuls.....
Pratridge-Berry, Hallonias, High-Cranberry, Blue Cohosh.	3 grs. to a teaspoonful.	1 to 4 teaspoonfuls.....
Pepino and Bismuth.	Bismuth 1 gr., to a teaspoonful.	1 to 4 teaspoonfuls.....
Pepino, Bismuth and Iron.	Pepino 2 grs., Bismuth 1 gr., Iron 1 gr., to a teaspoonful.	1 to 4 teaspoonfuls.....
Pepino, Bismuth and Quina.	Pepino 2 grs., Bismuth 1 gr., Quina 1/2 gr. to a teaspoonful.	1 to 4 teaspoonfuls.....
Pepino, Bismuth and Strychnia.	Pepino 2 grs., Bismuth 1 gr., Strych. 1-1/2 gr. to a teaspoonful.	1 to 4 teaspoonfuls.....
Pepino, Bismuth, Iron and Quina.	Pepino 2 grs., Bismuth 1 gr., Quina 1/2 gr. to a teaspoonful.	1 to 4 teaspoonfuls.....
Pepino, Bismuth and Strychnia.	Pepino 2 grs., Bismuth 1 gr., Strych. 1-1/2 gr. to a teaspoonful.	1 to 4 teaspoonfuls.....
Pepino, Bismuth, Iron and Strychnia.	Pepino 2 grs., Bismuth 1 gr., Strych. 1-1/2 gr. to a teaspoonful.	1 to 4 teaspoonfuls.....
Pepino and Iron.	Pepino 2 grs., Iron 1 gr., to a teaspoonful.	1 to 4 teaspoonfuls.....
Pepino and Quina.	Pepino 2 grs., Quina 1/2 gr., to a teaspoonful.	1 to 4 teaspoonfuls.....
Pepino, Iron and Strychnia.	Pepino 2 grs., Iron 1 gr., Strych. 1-1/2 gr. to a teaspoonful.	1 to 4 teaspoonfuls.....
Pepino and Quinina.	Pepino 2 grs., Quina 1/2 gr., to a teaspoonful.	1 to 4 teaspoonfuls.....
Pepino, Pancreatin and Bismuth.	Pepino 2 grs., Pancreatin 1 gr., Bismuth 1 gr., to a teaspoonful.	1 to 4 teaspoonfuls.....
Pepino, Quina and Strychnia.	Pepino 2 grs., Quina 1/2 gr., Strych. 1-1/2 gr. to a teaspoonful.	1 to 4 teaspoonfuls.....
Phosphate Iron, Quina and Strychnia.	Iron 1 gr., Quina 1/2 gr., to a teaspoonful.	1 to 4 teaspoonfuls.....
Protoporphyrin.	Iron 1 gr., Quina 1/2 gr., to a teaspoonful.	1 to 4 teaspoonfuls.....
Pyrophosphate Iron and Peruvian Bark.	Iron 2 grs., Bark 8 grs. to a teaspoonful.	1 to 4 teaspoonfuls.....
Valerianate Ammonia.	Iron 2 grs., to a teaspoonful.	1 to 3 to 5 teaspoonfuls.....
Valerianate Ammonia and Morphia.	Ammonia 2 grs., Morphia 1/2 gr. to a teaspoonful.	1 to 3 to 5 teaspoonfuls.....
Valerianate Ammonia and Quinia.	Ammonia 2 grs., Quina 1/2 gr. to a teaspoonful.	1 to 3 to 5 teaspoonfuls.....
Valerianate Ammonia and Strychnia.	Ammonia 2 grs., Strych. 1-1/2 gr. to a teaspoonful.	1 to 3 to 5 teaspoonfuls.....
Valerianate Quinia.	Quinia 1/2 gr. to a teaspoonful.	1 to 3 to 5 teaspoonfuls.....
Valerianate Strychnia.	Quinia 1/2 gr. to a teaspoonful.	1 to 3 to 5 teaspoonfuls.....
Valerianate Zinc.	Zinc 1/2 gr. to a teaspoonful.	1 to 3 to 5 teaspoonfuls.....

PEPSO-PANCREATIN Contains the NATURAL DIGESTIVE and ASSIMILATIVE Principles of the Animal Economy. JOHN F. JOHNSTON, Indianapolis.

EMULSION OF PURE COD LIVER OIL, with PEPSO-PANCREATIN and Hypophosphites of Lime and Soda. Prepared only by

MEDICINAL WINES AND SYRUPS.

Medicinal Wines.

- Wine, Antimonial.
- " Beef.
- " Beef and Iron.
- " Beef, Iron and Cinchona.
- " Calisaya.
- " " with Pepsico-Pancreatin.
- " Callisaya and Iron.
- Colchicum Root.
- Colchicum Seed.
- Iron, Bitter.
- Pepsin.

Wine, Tar.

- " Wild Cherry.
- " Wild Cherry, Ferrated.

Medicinal Syrups.

Citrate Iron.

- Citrate Iron and Quinia.

Citrate Iron and Strychnia.

- Citrate Iron, Quinia and Strychnia.

Hypophosphites, Churchill's.

- Hypophosphites, Comp. (Lime, Soda,

Potassa and Iron.

- Hypophosphite Lime.

Hypophosphite Lime and Soda.

Lacto-Phosphate Iron.

Lacto-Phosphate Lime.

Lacto-Phosphate Lime and Soda.

Lacto-Phosphate Lime, with Pepsin
and Iron.

Phosphate Iron and Quinia.

Phosphate Iron, Quinia and Strych.

(Same with Pepsico-Pancreatin.)

Phosphates, Comp. (Chemical Food.)

Pyrophosphate Iron.

Superphosphate Iron.

FLUID EXTRACTS.

(Dose, Properties and Preparations on each Label.)

My line is very full, new remedies that appear meritorious being from time to time added. I mention a few of the new remedies, and invite attention to some of the old. (Full catalogue by mail on application.)

Bear's Foot, Polymnia Urticaria. Used in enlarged spleen.

Broom Top, Scoparius. Used in dropsy.

Calabar Bean, Physostigma Ven. Used in ophthalmic diseases, lockjaw, etc.

Celandine, Chelidonium. Purgative and diuretic.

Chestnut Leaves, Castanea Vesca. Valuable in whooping cough.

Coca Leaves, Erythroxylon Coca. An effective nervous excitant, used to relieve fatigue and exhaustion.

Castor Leaves, Ricinus Communis. Used to promote the secretions of the lacteal glands.

Damiana, Turnera Aphrodisiaca. Used to improve the sexual powers.

Dog Grass (or Couch Grass), Triticum Repens. Used in cases of irritability of the bladder.

Encalyptus Globulus. Used with effect in malarial diseases.

Fringe Tree Bark (Old Man's Beard, Chionanthus). Aperient, alterative and diuretic.

Grindelia Robusta. Said to be a specific in asthma.

Guarana, Paullinia Sorbilis. Used in headache with good results.

Hair Cap Moss, Polytrichum Juniperinum. Said to be a superior diuretic and very efficacious in dropsy.

Jaborandi, Pilocarpus Pennatifolius. Used in pneumonia, etc.

Malt. An invigorant, used in cases of debility, consumption, etc.

Opium Fluid. Deodorized. Same strength as Standard Tr. Opii U. S. P. (Denarcotized.)

Pitcher Plant, Sarracenia Purpurea. Used in small-pox and other cutaneous diseases.

Pulsatilla, Anemone Pulsatilla. Used to allay irritation of the nervous system in persons of feeble health, etc.

Rosinweed, Silphium. For enlarged spleen, cough, and asthmatic affections.

Stavesacre, Staphisagria. Used by some as a specific in controlling irritation of urino-genital apparatus, leucorrhœa, gonorrhœa, scalding micturition, etc., etc.

White Pond Lily, Nympha Odorata. Astringent, demulcent, anodyne and anti-scorfulous.

Yerba Santa, Eriodictyon Glutinosum. Used in bronchitis, arystitis, etc.

I desire to call particular attention to my fluid Extract Ergot, U. S. P., made from best selected ergot of rye, being of full strength and very carefully manipulated, must be equal to any produced. I invite comparison with the best of any make. Of Solid Extracts the usual line in stock—also Resinoids.

SUGAR-COATED PILLS.

Accurately divided, carefully made, the best materials being used in their composition in quantities as represented on the label. The line embraces all of the important remedies usually administered in this form. I call attention here to a few very valuable recipes.

Ague—Chinoidine 2 grs.; Ext. Col. Co. $\frac{1}{2}$ gr.; Ol. Pip. Nig. 1-6 gr.; Ferri. Sul. $\frac{1}{2}$ gr.

Alternative—Mass. Hydrgyri 1 gr.; Pulv. Opii, Pulv. Ipecac each $\frac{1}{2}$ gr.

Anti-Bilious Veg.—Pulv. Ext. Coloc. C. $\frac{2}{3}$ grs.; Podophyllin $\frac{1}{2}$ gr.

Anti-Chill—Chinoidine 1 gr.; Ferri Ferrocyan 1 gr.; Ol. Piper. Nig. 1 gr.; Arsenic 1-20 gr.

Anti-Dyspeptic—Strychnia 1-40 gr.; Ext. Belladonna 1-10 gr.; Pulv. Ipecac 1-10 gr.; Mass. Hydrg. 2 grs.; Ext. Col. Co. 2 grs.

Aperient—Ext. Nux Vom. $\frac{1}{2}$ gr.; Ext. Hyoscyam. $\frac{1}{2}$ gr.; Ext. Coloc. C. 2 grs.

Chuchonida—Sulphate, 1, 2 and 3 grs.

Copaiæ, U. S. P.—3 grs.

Copaiæ et Ext. Cubeba—Pil. Copaiæ 3 grs.; Oleo-resin, Cubeba 1 gr.

Copaiæ Comp.—Pil. Copaiæ, Resin Guaiac, Ferri Cit., Oleo-resin, Cubeb.

Emmenagogue—Ergotine 1 gr.; Ext. Hellebore Nig. 1 gr.; Aloës 1 gr.; Ferri Sul. 1 gr.; Ol. Sabina $\frac{1}{2}$ gr.

Gent. Comp.—Ext. Gentia $\frac{1}{2}$ gr.; P. Aloës Soc. 2 grs.; Ol. Canii 1-5 gr.

Gonorrhœa—Pulv. Cubeba 2 grs.; Bals. Copaiæ Solid 1 gr.; Ferri Sulph. $\frac{1}{2}$ gr.; Venet. Terebinth. 1 $\frac{1}{2}$ gr.

Ipecac and Opium—Po. Opium $\frac{1}{2}$ gr.; Po. Ipecac $\frac{1}{2}$ gr.; Po. Sul. Potas. 1 gr.—2 grs. (Equal to 5 grs. Dover Powder.)

Mercury—Protiodide $\frac{1}{4}$ and $\frac{1}{2}$ gr.

Mercury—Biniodide (Red) 1-16 gr.

Neuralgic—Quinia Sulph. 2 grs.; Morphia Sulph. 1-20 gr.; Strychnia 1-30 gr.; Acid Arsenious 1-20 gr.; Ext. Aconite $\frac{1}{2}$ gr.

Opium et Plumbi Acet.—Pulv. Opii $\frac{1}{2}$ gr.; Plumbi Acet. $\frac{1}{2}$ gr.

Phosphorus, Iron et Nux Vom.—Phosphorus 1-200 gr.; Ferri Carb. (Vallet's) 1 gr.; Ext. Nux Vom. $\frac{1}{2}$ gr.

Phosphorus Comp.—Phosphorus 1-100 gr.; Ext. Nux Vom. $\frac{1}{2}$ gr.

Phosphorus—1-50 and 1-100 gr.

Rheumatic—Ext. Coloc. C. $\frac{1}{2}$ gr.; Ext. Colchi. Acet. 1 gr.; Ext. Hyoscyam. $\frac{1}{2}$ gr.; Hydg. Chlor. Mit. $\frac{1}{2}$ gr.

NEW SPECIALTIES.

Elixir Cathartic Compound—This preparation acts as gently as Castor Oil. It is very palatable, produces no nausea, and causes free painless evacuations. Each fluid ounce contains: Juglans 2 drs.; Senna 2 drs.; Licorice 1 dr.; Scammony 5 grs.; Ginger 3 grs.; Magnesia 60 grs.; Jatap 6 grs.; Aromatics q. s.

DOSE—As a laxative one-half to one teaspoonful. Adult cathartic dose, one to two tablespoonfuls. For children less according to age.

Elixir Licorice—This preparation is highly recommended for concealing the taste of Quinia, etc. One fluid ounce will conceal the taste of from eight to ten grains of quinia sulphate. It will be found equally advantageous as a vehicle for disguising the nauseous taste of medicines prescribed in the powdered form.

Aromatic Callisaya Cordial—Each teaspoonful of this Elegant Cordial Elixir contains ten grains TRUE CALISAYA BARK combined with Cardamom, Ceylon Cinnamon and other choice aromatics. It supplies the physician with a reliable and pleasant tonic so much required by convalescents and especially by ladies and children. The bitterness of the Cinchona being completely masked it will be found acceptable in all conditions.

Prepared and put up only by JOHN F. JOHNSTON, Indianapolis.

LIQUID RESIN, AROMATIC, A LIQUIDATED and NO ALCOHOLIC.

SPECIALTIES.

JOHNSTON'S LIQUID PEPSO-PANCREATIN AROMATIC.

Put up in 16-oz. French square Bottles, full measure.

This preparation contains, in an eligible form, Pepsin, Pancreatin, Ptyalin, Lactic and Hydrochloric Acids, being the *natural digestive and assimilative principles of the animal economy*. Since introduced by us in 1873, both in the liquid and saccharated form, it has met with much favor at the hands of the medical profession, having been used with marked effect in all cases growing out of intestinal and stomachic indigestion, such as **Dyspepsia, Chronic Diarrhoea, Headache, Cholera Infantum, Constipation, Nausea, and all abnormal conditions of the digestive apparatus.** Its use is also especially indicated in **Consumptive and Anemic cases.**

DOSE—From a teaspoonful to a tablespoonful, in a little water, during or after meals. Sugar may be added if desired, which renders it highly palatable.

SACCHARATED PEPSO-PANCREATIN.

Put up in Ounces.

Contains Pepsin, Pancreatin, Ptyalin, Lactic and Hydrochloric Acids, combined with Sugar of Milk. Same properties and uses as in the liquid form.

DOSE—From two to ten grains after meals, or as the physician may direct.

Above preparations manufactured only by me. Copyright and trade-name secured.

EMULSION OF PURE COD LIVER OIL,

With Pepso-Pancreatin and Hypophosphites of Lime and Soda.

This preparation contains 50 per cent. pure Norwegian Cod Liver Oil, 6 grs. Hypophosphite Lime, 3 grs., Hypophosphite Soda, to a fluid ounce, together with Pepsin, Pancreatin, Glycerine and Hydrochloric Acid.

DOSE—One-half to one teaspoonful three times a day for adults; for children, less, according to age. One hour before or after meals is regarded as the best time to take it. Shake well before using.

Cod Liver Oil, the sovereign remedy for all pulmonary complaints, here has its virtue augmented by the addition of the Hypophosphites of Lime and Soda. This preparation is rendered palatable by the emulsifying process, and when the functions of the stomach are impaired will be easily retained and assimilated, largely through the agency of the *Pepsin and Pancreatin* herein combined. It is recommended in cases of a Pulmonary character, Hemorrhage, Loss of Appetite, Cough, Nervous Exhaustion, General Debility and Emaciation, and is regarded as exceedingly valuable in all cases where a Scrofulous diathesis exists, as in diseases of the joints, etc.

It is with confidence introduced to the medical profession as a valuable and reliable preparation wherever its use is indicated.

Prepared and put up in full half-pound French square flint bottles.

PURE NORWEGIAN COD LIVER OIL.

Put up in 16-oz. French square flint bottles, containing full measure. Physicians can rely upon the purity and freshness of this Oil.

Cod Liver Oil, with Iodine, Bromine and Phosphorus— 3-oz. Fr. square bottles, full measure.

Soluble Effervescent Granular Citrate of Magnesia.

This elegant Salt is permanent under all changes of climate. A delightful, refrigerating aperient and cathartic.

SOLUTION OF CITRATE OF MAGNESIA,

Or Purgative Mineral Water.

This valuable preparation is well known as an agreeable substitute for Epsom Salts, Seidlitz Powders, and the Saline Cathartics generally.

Aromatic Ext. Jamaica Ginger—Neatly put up in 4-oz. panel bottles, with directions.
Real Russian Rhubarb, Powdered—From cuttings, very superior to market qualities.

Seidlitz Powders, U. S. P.—Full weight, in tin boxes.
Syr. Sarsaparilla Comp., U. S. P.—In 1-lb. bottles.

Syr. Sarsap. Comp., U. S. P., with Iodide Potash—In 1-lb. bottles.
Syr. Sarsap. Comp., U. S. P., with Iod. Potash and Pyrophos. Iron—In 1-lb. bottles.

The above are put up in square flints, handsome style, with directions for use, and will be found reliable.

Blackberry Cordial—A prime article. Compounded from approved formulae.
Tasteless Tinct. Iron—Possessing same iron strength as Mur. Tr. Iron, U. S. P., but a far more agreeable article, that can be readily taken by the invalid without injury to the teeth, etc.

Syrup Iodide Iron U. S. P.
Standard Tinctures, etc., etc.

NOTICE—I keep in stock a complete line of powdered drugs, chiefly powdered by myself from selected crude.

Also a full line of **Eclectic Preparations**, made after **standard formulae**.

Blistering Paper, Charta Cantharidis—Put up in boxes containing ten plasters. Very convenient for physicians' use, and can be relied upon to produce the usual effects.

Mustard Paper, Charta Snaps—Put up in boxes containing ten leaves. Convenient, reliable and effective.

Pills made and handsomely sugar-coated, to private formulae in lots of 5000 or more. Estimates made on formulae being furnished—all such communications *confidential*.

If you desire preparations of my make, oblige me by specifying them to your druggist.

Very truly yours,

JOHN F. JOHNSTON,

Indianapolis.

COLLEGE OF PHYSICIANS AND SURGEONS,

(MEDICAL DEPARTMENT OF COLUMBIA COLLEGE,)

Corner of Fourth Avenue and 23d St., New York City.

SEVENTY-FIRST SESSION, 1877-'78.

FACULTY OF MEDICINE.

- ALONZO CLARK, M. D., President and Professor of Pathology and Practical Medicine.
WILLARD PARKER, M. D., Professor of Clinical Surgery.
JOHN C. DALTON, M. D., Professor of Physiology and Hygiene.
THOMAS M. MARKOE, M. D., Professor of Surgery.
T. GAILLARD THOMAS, M. D., Professor of Obstetrics and the Diseases of Women and Children.
JOHN T. METCALFE, M. D., Emeritus Professor of Clinical Medicine.
HENRY B. SANDS, M. D., Professor of Anatomy.
JAMES W. McLANE, M. D., Adjunct Professor of Obstetrics and the Diseases of Women and Children.
THOMAS T. SABINE, M. D., Adjunct Professor of Anatomy.
CHARLES F. CHANDLER, Ph. D., Professor of Chemistry and Medical Jurisprudence.
EDWARD CURTIS, M. D., Professor of Materia Medica and Therapeutics.
- FRANCIS DELAFIELD, M. D., Adjunct Professor of Pathology and Practical Medicine.
JOHN G. CURTIS, M. D., Adjunct Professor of Physiology and Hygiene; Secretary of the Faculty.
WM. DETMOLD, M. D., Emeritus Professor of Military and Clinical Surgery.
WM. H. DRAPER, M. D., Clinical Professor of Diseases of the Skin.
CORNELIUS R. AGNEW, M. D., Clinical Prof. of Diseases of the Eye and Ear.
ABRAHAM JACOBI, M. D., Clinical Professor of Diseases of Children.
FESSENDEN N. OTIS, M. D., Clinical Professor of Venereal Diseases.
EDWARD C. SEGUIN, M. D., Clinical Professor of Diseases of the Mind and Nervous System.
GEO. M. LEFFERTS, M. D., Clinical Professor of Laryngoscopy and Diseases of the Throat.
CHAS. MCBURNEY, M. D., Demonstrator of Anatomy.
CHAS. KELSEY, M. D., Ass't Demonstrator of Anatomy.

FACULTY OF THE SPRING SESSION.

- JAMES L. LITTLE, M. D., Lecturer on Operative Surgery and Surgical Dressings.
GEORGE G. WHEELOCK, M. D., Lecturer on Physical Diagnosis.
ROBERT F. WEIR, M. D., Lecturer on Diseases of the Genito-Urinary Organs.
- MATTHEW D. MANN, M. D., Lecturer on the Microscope as an Aid to Diagnosis.
H. KNAPP, M. D., Lecturer on Diseases of the Eye and Ear.
T. A. McBRIDE, M. D., Lecturer on Symptomatology.

The COLLEGiate YEAR embraces a special Spring and a regular Winter Session, attendance at the latter only being required for the graduating course. The Spring Session begins near the middle of March, and continues till June 1st. The Regular Winter Session for 1877-'78 begins Monday, October 1st, and continues till March, when the College Commencement is held.

TUITION is by the following methods: I. DIDACTIC LECTURES, WITH DEMONSTRATIONS. During the Winter Session, from five to six lectures are given daily by the Faculty, on the seven general branches of medical science. Attendance obligatory. Fees, \$20 for the course on each branch, or \$140 for the entire curriculum. During the Spring Session, two lectures are given daily by the Faculty of the Spring Session. Fees, each branch, \$5, or \$30 for the whole. II. CLINICAL TEACHING. This important subject receives the fullest attention. Ten clinics, covering all departments of medicine and surgery, are held weekly throughout the entire year in the College Building. In addition, the Faculty, being strongly represented on the staffs of the larger City Hospitals and Dispensaries (such as the Bellevue, Charity, and Roosevelt Hospitals, the N. Y. Eye and Ear Infirmary, etc.,) give daily systematic clinical lectures in one or more of these institutions, as a regular feature of the college curriculum. Attendance at clinics is optional and without extra charge. III. RECITATIONS are held daily throughout both sessions, by a corps of examiners. Attendance optional. Fees, Winter Session, \$40; Spring Session, \$30; Collegiate Year, \$60. IV. PERSONAL INSTRUCTION—Practical Anatomy is taught from October to May, and every student is expected to dissect. Fee, \$10, good for a collegiate year. Cases of Obstetrics are furnished to advanced students without charge. Personal instruction in Operative Surgery, Minor Surgery, Physical Diagnosis, Ophthalmology, Otology and Laryngoscopy, is also given by special instructors for moderate fees. Attendance optional.

EXPENSES.—The necessary collegiate expenses are a yearly matriculation fee (\$5, good for a collegiate year), and the fees for the lectures of the Winter Session (\$20 for the course on each branch, or \$140 for the entire curriculum). A Graduation Fee of \$30 is also charged. The graduating course requires three years' study, and attendance upon two courses of lectures on each of the seven branches of the winter curriculum. Remissions and reductions of lecture fees are made to graduates, theological students, and students who have already attended two full courses. All fees are payable in advance. Board can be had for from \$6 to \$9 a week, and the Clerk of the College will aid students in obtaining the same.

For the Annual Catalogue and Announcement, or for further information, address JOHN G. CURTIS, M. D., Secretary of the Faculty, College of Physicians and Surgeons, corner of Twenty-Third Street and Fourth Avenue, New York.

COLLEGE OF PHYSICIANS AND SURGEONS



SESSION OF 1877-8.

—10—

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GRAHAM N. FITCH, M. D.

Professor of the Science and Art of Surgery and Clinical Surgery.

THEOPHILUS PARVIN, M. D.

Professor of Obstetrics and Diseases of Women and Children.

R. N. TODD, M. D., President of Faculty.

Professor of the Principles and Practice of Medicine and Clinical Medicine.

ISAAC C. WALKER, M. D.

Professor of Diseases of the Mind and Nervous System, and Clinical Medicine.

JOHN E. LINK, M. D.

Professor of Descriptive and Surgical Anatomy.

R. E. HAUGHTON, M. D.

Professor of Physiology and Clinical Medicine.

HENRY JAMESON, M. D., Secretary of Faculty.

Professor of Materia Medica, Therapeutics and Analytical Chemistry.

J. L. THOMPSON, M. D.

Professor of Diseases of the Eye and Ear.

JOSEPH EASTMAN, M. D.

Assistant to Chair of Surgery and Demonstrator of Anatomy.

A. O. LAWRENCE, M. D.

Assistant to Chair of Materia Medica, Therapeutics and Analytical Chemistry.

The Session of 1877-78 will commence October 4, 1877, and terminate February 28, 1878.

F E E S .

Hospital Ticket	\$5 00	Demonstrator's Ticket.....	\$10 00
Professors' Tickets.....	40 00	Student's Laboratory.....	5 00
Matriculation	5 00	Graduation Fee	25 00

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CITY OF NEW YORK,
SESSIONS OF 1877-'78.**

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1877-1878 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, October 8, 1877, and end about the first of March, 1878.

FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,

Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.,

Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LISK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

EDMUND R. PEASLEE, M. D., LL. D.,

Professor of Gynaecology.

WILLIAM M. POLK, M. D.,

Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
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JOSEPH D. BRYANT, M. D.,
Lecturer on General, Descriptive, and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

Professors of Special Departments, Etc.

HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Optometry.

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery,

EDWARD G. JANEWAY, M. D.,
Professor of Practical Anatomy. (Demonstrator of Anatomy.)

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A. A. SMITH, M. D.,
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term commences from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).	\$5 00
Recitations, Clinics, and Lectures.....	35 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Professor AUSTIN FLINT, JR., Secretary, Bellevue Hospital Medical College.

80-1

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The preliminary course commences September 18, 1876. Summer session of Recitations and Clinics begins the first Monday in April; holds twelve weeks.

FACULTY.

G. C. E. WEBER, M. D., Dean.

JOEL POMERENE, M. D.

L. FIRESTONE, M. D.

D. B. SMITH, M. D.

W. J. SCOTT, M. D.

H. W. KITCHEN, M. D.

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FEES.

General Ticket	\$40 00	Demonstrator's Ticket	\$5 00
Matriculation Ticket	5 00	Hospital Ticket	5 00
Graduation Fee			30 00

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UNIVERSITY OF VERMONT.

BURLINGTON, VT.

Medical Department, Twenty-Fifth Session, 1878.

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- WALTER CARPENTER, M. D., Burlington, Vt., Professor of the Theory and Practice of Medicine; Physician in Chief to Mary Fletcher Hospital.
- JOHN ORDRONAUX, M. D., LL. D., New York City, Emeritus Professor of Medicinal Jurisprudence.
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- A. F. A. KING, M. D., Washington, D. C., Professor of Obstetrics and Diseases of Women; Consulting Physician to Mary Fletcher Hospital.
- HENRY D. HOLTON, M. D., Brattleboro, Vt., Professor of Materia Medica and General Pathology; Consulting Surgeon to Mary Fletcher Hospital.
- MARSHALL CALKINS, A. M., M. D., Springfield, Mass., Professor of Physiology and Microscopic Anatomy.
- JAMES L. LITTLE, M. D., New York City, Professor of the Principles and Practice of Surgery; Surgeon in Chief to Mary Fletcher Hospital.
- GEORGE S. SMYTH, Ph. D., University Professor of Chemistry and Toxicology.

PROFESSORS OF SPECIAL SUBJECTS.

- WILLIAM A. HAMMOND, M. D., New York City, Professor of Diseases of the Mind and Nervous System.
- ROBERT W. TAYLOR, M. D., New York City, Professor of Diseases of the Skin.
- A. P. GRINNELL, M. D., Burlington, Vt., Professor of Diseases of the Heart and Lungs; Attending Physician to Mary Fletcher Hospital.
- A. T. WOODWARD, M. D., Brandon, Vt., Professor of the Surgical Diseases of Women;
- Consulting Physician to Mary Fletcher Hospital.
- STEPHEN M. ROBERTS, M. D., New York City, Professor of Diseases of Children.
- EDWARD S. PECK, A. M., M. D., Burlington, Vt., Professor of Diseases of the Eye and Ear.
- LEKOY M. BINGHAM, M. D., Burlington, Vt., Demonstrator of Anatomy; Attending Surgeon to Mary Fletcher Hospital.

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Clinical instruction in Medicine, Obstetrics, and Surgery, will be given during the regular course of lectures, by the Professors of the Medical Department of the University.

THE REGULAR WINTER SESSION will commence on the second Thursday of March, 1878, and continue sixteen weeks. This course will consist of from five to six lectures daily, in the various Departments of Medicine and Surgery.

In order to render the course of instruction still more complete, six new Professorships on special subjects have been created by the Faculty, which will afford the student a rare opportunity for gaining information from gentlemen well known as recognized authorities in their particular departments or subjects of great practical interest. These lectures will be delivered during the regular session.

CLINIQUES.—Besides these lectures, there will be Cliniques held as follows:

SURGICAL CLINIQUE, by Prof. LITTLE, every Saturday, from 9 to 12, during the last half of the Session. **MEDICAL CLINIQUE**, by Prof. CARPENTER, on Wednesday morning, during first half of the term. **CLINIQUE FOR DISEASES OF THE EYE AND EAR**, by Prof. BOOS, once a week during his course of lectures. **CLINIQUE FOR DISEASES OF SKIN**, by Prof. TAYLOR, once a week during his course. **CLINIQUE FOR DISEASES OF CHILDREN**, by Prof. ROBERTS. **CLINIQUE FOR DISEASES OF NERVOUS SYSTEM**, by Prof. HAMMOND, during his course.

FEES FOR THE REGULAR SESSION.

Matriculation Fee, payable each Term.....	\$5 00
Fees for the Full Course of Lectures by all the Professors.....	70 00
Graduation Fee	25 00

Material for dissection will be furnished at cost.

The Tickets are to be taken out at the beginning of the Session.

Students who have already attended two full Courses of Lectures in other regular schools are admitted on paying the Matriculation Fee and \$25.

Students who have attended two full courses in this College, or who, having attended one full course in some regularly established medical school, and one full course in this College, are admitted to a third course of lectures on paying the Matriculation Fee only.

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FIG. 2 represents apparatus applied with the extension made, and the ball of the big toe resting against the metal plate.

FIG. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

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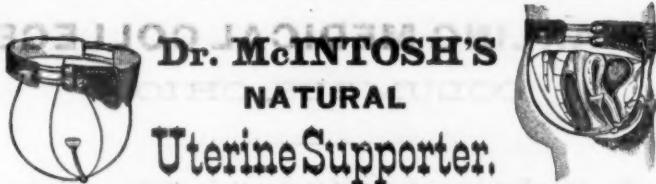
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We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains in the most potent form all the active constituents of Ergot of Rye, each grain representing 10 grs. of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the Fluid Preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynaecology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one ounce bottles.

PHOSPHATES IRON, QUININE & STRYCHNINE PILLS.

Each pill represents an equivalent of about two teaspoonfuls of Elixir, and is a much more preferable form, in being more agreeable to take and not objectionable to the weakest stomach, when Syrup or Elixir are rejected. As a tonic, this pill is deservedly popular. We also offer Iron, Quinine and Strychnine Pills, the Iron being in the form of Quevenne's or reduced by hydrogen.

EXTRACT SUMBUL, (Musk Root),.......... 1 gr.

This drug has for some time been extensively used in Russia, and for several years in England and America, in the treatment of hysteria and general spasmody disorders, particularly in that class of cases where assafoetida has heretofore been much used. Those most experienced in its use claim that it possesses great merit. (Dose, 2 to 3.)

SALICYLIC ACID PILLS,.......... $2\frac{1}{2}$ and 5 grs.

Our pills present the best form for administering this now very important remedy, which has proved so efficacious in Rheumatism, and which is also extensively used as an Antiseptic and Febrifuge. It is claimed that the solutions, formed by the use of Sodium, Ammonium and other salts, produce combinations which do not represent the full value of the free Acid.

EXTRACT CRINDELIA ROBUSTA PILLS,.......... 3 grs.

The Solid Extract is of our own manufacture and is ten times the strength of the Herb; it can be used much more readily and with better effect than any of the liquid preparations. The use of this remedy in Hay Fever, and all Asthmatic difficulties, has increased largely in the Eastern States and Europe, and its therapeutic value is conceded. (Dose, 1 to 3.)

EXTRACT GUARANA PILLS,.......... 3 grs.

This Solid Extract is also manufactured in our own laboratory, and is many times the average strength of the drug. We offer these Gelatine-Coated Pills with confidence in their being the only accurate mode of preparing this widely used and much appreciated remedy, as the drug varies so much in strength; some preparations in the market have been found to consist largely of impurities. We carefully test each shipment we receive, and our Solid Extract is of superior and uniform quality. The value of Guarana, in many phases of sick, nervous and sun headache, as well as in Neuralgia, and in Irritations of the mucous membrane, has become well known to practitioners, and its happy effects, in Diarrhoea, Dysentery and kindred diseases, have been attested in numerous cases. (Dose, 2 to 3.)

QUININE, SULPHO-CARBOLATE,..... 1, 2 and 3 grs.

This Salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of fever and ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

PHOSPHIDE ZINC,..... 1-6, 1-4 and 1-2 gr.

The Phosphide of Zinc has been very successfully used by Drs. Hammond, (see Dr. H.'s last book,) Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia, (see paper by Dr. Adolphus, St. L. Med. Jour., XIII, 47). P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

PHOSPHIDE ZINC AND NUX VOMICA, (Hammond's formula.)**IODIDE OF IRON,** (Blancard's formula)..... 1 gr.

Preferable to the Syrup and much more soluble and active than the imported pills, which are coated with a resin, and are usually very old before they reach the consumer.

MONOBROMATED CAMPHOR,..... 2 and 3 grs.

Is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in Infantile Convulsions from teething; Hysteria, Headache from over study or nervousness and Nymphomania. (Dose, 3 to 4 grs.)

QUININE, SULPHATE & BI-SULPHATE, 1, 1, 1, 1, 2, 3, 4 & 5 grs.

McKesson & Robbins' Quinine Pills are well and favorably known, having displaced the use of other pills in New York and all parts of the country. The fact that they always yield more speedy and satisfactory results, and the ease, with which even a child can take them, have aided in making them the favorite pills. Several physicians have related to us cases—particularly of Diphtheria—where they found it impossible to administer the round pill, but the patients swallowed McKesson & Robbins' Pills without difficulty. We call special attention to our five grain Quinines, which, owing to form and nature of coating, are as easily swallowed as the ordinary two grain. Our Bi-Sulphate of Quinine Pills contain an additional equivalent of sulphuric acid, thus rendering the officinal sulphate much more soluble, a decided advantage over the ordinary Quinine Pills. See Am. Jour. Pharm., XXV, 292.

QUININE, CARBOLATE,..... 1 gr.**QUININE, SALICYLATE,.....** 1 gr.**QUININE, VALERIANATE,.....** 1 gr.**CINCHONIDIA, SULPHATE,.....** 1, 2 and 3 grs.

Now coming into extensive use. McKesson & Robbins' Pills have proved the best form for administering it.

COMPOUND HYPOPHOSPHITES PILLS, (Lime, Soda, Potassa and Iron.)

Form the best possible medium for administering this remedy, which occupies so prominent a place for the treatment of lung diseases and bronchial affections.

DOVER'S POWDER PILLS,..... 2½ and 5 grs.

Affording an agreeable medium for the administration of this exceedingly nauseous compound, the value of these Pills will be readily seen by Physicians.

LACTO-PHOSPHATE OF LIME PILLS,..... 5 grs.

This form possesses many advantages over the Syrup. Used with much success in Dyspepsia.

PEPSIN, BISMUTH AND STRYCHNINE PILLS,..... 5 grs.

Representing this combination in the most agreeable and reliable form.

SOLIDIFIED COPAIBA WITH OLEO-RESIN CUBEBS PILLS,..... 3 and 5 grs.

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

Price Lists furnished upon application. See list of formulas, last page.

Private Formulas of 3,000 or more Pills, made and coated to order.

MCKESSON & ROBBINS, 91 Fulton St., New York.

Formulas of McRae & Hobart's Pins, (Ceratite-Coated)

There is no question & would this mean it was now or will be removed of its course in its next until two miles

Acid, Arsenous.	1-40, 1-40, 1-20 and 1-10 gr.
*Acid, Salicylic.	1-2 and 1-8 gr.
Aloe, U. S.	4 grs.
Aloe and Asoaftida, U. S.	4 grs.
Aloe and Aloes.	3 grs.
Pulv., Aloes, Soc., 1 gr.	
Pulv., Zingib., Jam., 1 gr.	
Ferr., Sulph., Exsic., 1 gr.	
Extract, Cough, 1-2 gr.	
Aloe and Myrrh, U. S.	
Apricot.	
Ext., Nucia Vom., 1-3 gr.	
Ext., Hyoscyamus, 1-2 gr.	
Ext., Colic, Comp., 2 grs.	
Asoaftida.	3 grs.
{ Asoaftida, 1-2 grs.	
{ Pulv., Saponin, 1 gr.	
Asoaftida, U. S.	4 grs.
{ Asoaftida, 1-2 grs.	
{ Pulv., Saponin, 1 gr.	
Asoaftida and Nux Vomica.	
Asoaftida, 3 grs.	
Ext., Nucia Vom., 1-4 gr.	
*Atrropa.	1-40 gr.
Belladonna Extract.	5% gr.
Bignoni, Subnitrate.	3 and 5 grs.
Blue Pill, U. S.	1, 3 and 5 grs.
Calomel.	1-2, 1, 2, 3 and 8 grs.
Camphor and Hianthus.	
{ Camphora, 1 gr.	
{ Ext., Hyoscyamus, 1 gr.	
*Camphor, Mono-Bromated.	2 and 3 grs.
Cannabis Indica Extract.	1-2 gr.
Cathartic Compound, U. S.	
Catapelt, Nucia Vomica.	
Ext., Colic, Comp., pulv., 1-2 grs.	
Ras., Podophyllin.	1-2 gr.
Ras., Ledantina.	1-8 "
Jalape pulv.	1-4 "
Aloe Socratin pulv.	1-2 "
H. Hyoscyamus.	1-4 "
Or., Matricaria Pips.	
Chionodine.	1-2, 1 and 3 grs.
Chionochina, Sulphate.	3 grs.
Chionodine, Sulphate.	1, 2 and 3 grs.
Coccygodyt, Comp. Extract.	3 grs.
Colocynth, Comp. Extract.	3 grs.
Ext., Color, Comp., pulv., 2 grs.	
Pulv., Ipecacuanha, 1-4 gr.	
Pil., Hydrarg., 3 grs.	
Cook's.	3 grs.
Pulv., Aloes, Soc. 1 gr.	
Hydrarg., Chlor., Mite, 3-4 gr.	
Pulv., Saponin, 1-4 gr.	
Copalina.	3 grs.
Pul., Copalina, 2 grs.	
{ Olio-Roso Cubes, 1 gr.	
Copalina and Olio-Roso Cubes.	3 grs.
Pul., Copalina, 2 grs.	
{ Olio-Roso Cubes, 1 gr.	
Copalina and Olio-Roso Cubes.	5 grs.
Pul., Copalina, 3 grs.	
{ Olio-Roso Cubes, 2 grs.	
*Corrosive Sublimate.	1-40, 1-30 and 1-10 gr.
*Digitalis, pure.	1-60 gr.
Dinner (Dr. Webster's).	3 grs.
Pul., Hydrogen, 1-1 gr.	
Pul., Aloes, Soc., 1-11 grs.	
Pul., Jalape, 1-5 grs.	
Ant., Ext., Pot., Tart., 1-40 gr.	
Dinner (Lady Webster's).	3 grs.
Pul., Aloes, Soc., 1-6 grs.	
Pul., Mastichic, 3-8 gr.	
{ Pil., Rose, Galium, 3-4 gr.	
*Ergotin.	3 grs.
Ferruginous Gum.	3 and 5 grs.
{ Ferr., Sulph., 1 gr.	
{ Potassa, Carb. as	
*Grindelia Robusta Extract.	3 grs.
Gummar Extract (Faustilla).	3 grs.
Hembane, Extract.	1 gr.
Hepatic.	
{ Pil., Hydrogen, 3 grs.	
{ Ext., Colic, Comp., 2 grs.	
" Bellad., 1-4 gr.	
Hooper's.	2½ grs.
Hypophosphites, Compound.	
{ Calci., Hypoph., 1 gr.	
{ Soda,	8-4 gr.
{ Potassa,	1-2 gr.
{ Ferr.,	1-4 gr.
*Iodide of Iron (Blanckard's formula).	1 gr.
Iodoform and Iron.	2 grs.
Ispace & Opium (Dover's Powder, U. S.) 2½ grs.	5 grs.
Iron & Opium (Dover's Powder, U. S.)	5 grs.
Iron by Hydrogen (Quenaville).	1 and 2 grs.
Iron, Citrate and Quinine.	1 and 2 grs.
Iron, Sulphate and Belladonna.	3 grs. & 1 gr.
Iron, Fruct-Carb. (Vallet's Man.).	5 grs.
*Iron, Prote-Chloride.	1 gr.
Iron, Quinine and Styrchnine.	
{ Ferrum, Kedestum, 1 gr.	
{ Quinine, Sulphas, 1 gr.	
{ Styrch., 1-6 gr.	
Laxative.	
{ Ras., Podophylli.	1-10 gr.
{ Hydarg., Chlor., Mite, 1 gr.	
{ Ext., Col. Comp., pulv., 3 grs.	
Lime, Lacto-Phosphate.	5 grs.
Mercury, Bi-Iodide.	1-25 and 1-16 gr.
Mercury, Bi-Sulphide.	1-5 and 1-16 gr.
Mushroom, Acetate.	1-4 gr.
Morphine, Sulphate.	1-16, 1-18, 1-18, 1-4, 1-4 gr.
Morphine Valerianate.	1-8 gr.
Neuralgia (Brown-Squard).	
Ext., Hyoscyamus.	2-3 gr.
{ Iridin Amaras.	1-2 gr.
{ Opt.,	1-9 gr.
{ Aconit.,	1-3 gr.
{ Cannab. Indica, 1 gr.	
{ Stramonii.	1-5 gr.
{ Belladonna, 1-6 gr.	
Neuralgia (Dr. Grouse).	
{ Quinine, Sulphas, 1 gr.	
{ Morphine, Sulphas, 1-50 gr.	
{ Styrch.,	1-30 gr.
{ Acid Asarinenum, 1-20 gr.	
{ Ext., Aconit.,	1-2 gr.
Neuralgia (Dr. Gross) as above, without Morphine.	
Nux Vomica Extract.	1-2 gr.
Opium, U. S.	1 gr.
{ Opium Extract.	1 gr.
Opium and Acetate of Lead.	1-4, 1-2 and 1 gr.
{ Op., Pulv., 1 gr.	
{ Iridin, Acet., 1 gr.	
Opium and Camphor.	
{ Opium, 1 gr.	
{ Camphora, 3 grs.	
Pepsin.	8 grs.
Pepain and Bismuth.	5 grs.
{ Pepain, Bismuth, Sub-Nit., 2 grs.	
Pepain, Bismuth and Styrchnine.	5 grs.
{ Pepain, Sub-Nit., 21-2 grs.	
{ Styrch., 1-60 gr.	
Phosphorus Iron Quinine and Styrchnine.	
{ Ferr., Iron, Quinine, 1 gr.	
{ Quinine, Phosph., 1 gr.	
{ Styrch., Phosph., 1-60 gr.	
Phosphorus.	1-100, 1-80, 1-90 and 1-12 gr.
Phosphorus Compound.	
{ Phosphorus, 1-40 gr.	
{ Ext., Pot., Tart., 1-40 gr.	
Phosphorus Compound.	
{ Phosphorus, 1-100 gr.	
{ Ext., Nucia Vomica, 1-4 gr.	
Phosphorus Compound and Iron.	
{ Phosphorus, 1-100 gr.	
{ Ferr., Phosph., 1-30 gr.	
{ Ext., Nucia Vomica, 1-4 gr.	
Podophyllin Compound.	
{ Podophyllin, 1-6 gr.	
{ Ext., Hyoscyamus, 1-8 gr.	
{ Ext., Nucia Vomica, 1-10 gr.	
Podophyllin and Bismuth.	
{ Podophyllin, 1-6 gr.	
{ Pil., Hydrarg., 1-2 grs.	
Pulv., Capamone and Belladonna.	
{ Podophyllin, 1-6 gr.	
{ Ext., Bellad., Alec., 1-8 gr.	
{ Pil., Colic, 1-2 gr.	
Podophyllin and Colic and Belladonna.	
{ Podophyllin, 1-6 gr.	
{ Ext., Colic, 9 grs.	
{ " Bellad., 1-4 gr.	
Podophyllin and Belladonna.	
{ Podophyllin, 1-6 gr.	
{ Ext., Nucia Vomica, 1-10 gr.	
Quinine, Carbonate.	1 gr.
Quinine, Balsalate.	
*Quinine, Sulphate and Bi-Sulphate.	1-2 gr.
Quinine, Sulphate and Bi-Sulphate.	1 gr.
Quinine, Sulphate and Bi-Sulphate.	1 gr.
Quinine, Sulphate and Bi-Sulphate.	4 grs.
Quinine, Sulphate and Bi-Sulphate.	5 grs.
Quinine, Sulphate and Bi-Sulphate.	1 gr.
Quinine and Aloes.	
{ Quinine, Sulphas, 2-4 gr.	
{ Aloes, Saponin, 1-4 gr.	
Quinine, Sulphas, 1 gr.	
Aromatic and Non-Volatile.	
{ Quinine, Sulphas, 1 gr.	
{ Acid, Arsenous, 1-60 gr.	
{ Ext., Nucia Vomica, 1-4 gr.	
Quinine and Iron.	
{ Quinine, Sulphas, 1 gr.	
{ Ferrum Reduct., 1 gr.	
Quinine and Cardon de Iron.	
{ Quinine, Sulphas, 1 gr.	
{ Ferr., Carb., 9 gr.	
Quinine, Phosphorus and Nur Vomica.	
{ Quinine, Sulphas, 1 gr.	
{ Phosphorus, 1-60 gr.	
{ Ext., Nucia Vomica, 1-4 gr.	
Quinine Compound.	
{ Quinine, Sulphas, 1 gr.	
{ Ferrum, Reduct., 1 gr.	
{ Acid, Arseniosum, 1-25 gr.	
Quinine Compound and Extract Dandelin.	
{ Quinine, Sulphas, 1 gr.	
{ Ferrum, Reduct., 1 gr.	
{ Acid, Arseniosum, 1-25 gr.	
Quinine Compound and Styrchonia.	
{ Quinine, Sulphas, 1 gr.	
{ Ferrum, Reduct., 1 gr.	
{ Styrch., 1-90 gr.	
{ Acid, Arasinicum, 1-20 gr.	
Quinine, Valerianate.	1-9 gr.
Rheumatism.	
{ Ext., Colic, Comp., 1-1-4 grs.	
{ Ext., Colic, Acet., 1 gr.	
{ Ext., Hyoscyamus, 1-3 gr.	
{ Hydr., Chlor., Mite, 1-3 gr.	
Rhubarb.	
Rhubarb Compound, U. S.	
Santonin and Saponin.	
{ Santolin, 1 gr.	
{ Calomel, 1 gr.	
{ Chocolate.	
*Sodium, Balsalate.	1-5 grs.
Strychnine.	
{ Strychnine Oil.	1-60 and 1-30 grs.
Strychnia.	1-100 gr.
Phosphorus.	1-100 gr.
Ext., Canab. Indic., 1-16 gr.	
Ginseng, 1 gr.	
Ferr., Carb., 1 gr.	
*Sulphur, Iodide.	1-25 and 1-10 gr.
Sumbol (Ricord's formula).	
Hydr. Prot-Iodide, 1-2 gr.	
Lactucin.	1-2 gr.
Ext., Opil.,	1-10 gr.
Ext., Clucus.	1-5 grs.
Tonic (Dr. Alken).	
{ Ext., Aloes, 1 gr.	
{ Podophyllin, 1-6 gr.	
{ Hydarg., 1-2 gr.	
Triplex (Dr. French).	
{ Pulv., Aloes, 2 grs.	
{ Podophyllin, 1-6 gr.	
{ Hydarg., 1-2 gr.	
Zinc, Phosphate.	1-4 and 1-2 gr.
Zinc, Phosphate and Nur Vomica.	1-10 gr.
Zinc, Phosphorus.	1-10 gr.
{ Ext., Nucia Vomica, 1-4 gr.	
Zinc, Valerianate.	1 gr.

Quality will always be maintained, all ingredients and preparations, which we use and manufacture, being carefully tested by a competent analytical chemist, employed by us for that purpose. The unreliability of many of the granules of Morphia, Strychnia, Corrosive Sublimate, and other important poisonous substances, having been the source of much concern to physicians, and danger to their patients, we would state that we have, in our laboratory, a system of checking and witnessing the weights of all poisons used, and registering in a book, kept for that purpose, with the names of witness (always a competent person) and operator. Our machines for division of the substances are so carefully and correctly constructed, as to insure an exactness, in even the smallest granules, never before maintained in this class of preparations, and this precision applies as well to the larger pills. We can, therefore, afford assurance to the physician of correct weight and perfect division. We call attention to the small size of our gelatine coated granules, less excipient being thereby required.

MCKESSON & ROBBINS, New York.

CAUTION!!—SPECIFY MCKESSON & ROBBINS

UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1878.

The Spring and Summer Session of 1878 in the Medical Department of the University of Louisville will commence on March 5th and continue till June 1st, with the following

CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin,	BY PROF. L. P. YANDELL, JR.
On Diseases of the Eye and Ear,	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology,	BY PROF. E. R. PALMER.
On Public Hygiene,	BY PROF. T. S. BELL.
On Clinical Diseases of Women,	BY PROF. JOHN E. CROWE.
On Clinical Surgery,	BY PROF. D. W. YANDELL.
On Nervous Maladies and Electrotherapy,	BY PROF. J. W. HOLLAND.
On Surgery,	BY PROF. R. O. COWLING.
On Practice of Medicine,	BY DR. W. O. ROBERTS.
On Anatomy and Physiology,	BY DR. H. A. COTTELL,
Chemistry and Materia Medica,	WORK IN LABORATORY.
On Obstetrics,	BY DR. W. H. LONG.
On Diseases of Children,	BY DR. R. B. GILBERT.
On Diseases of the Eye and Ear,	BY DR. W. C. CHEATHAM.

Didactic Lectures will be given upon the specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the textbooks, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the MUSEUM, LIBRARY and APPARATUS of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week; Prof. JOHN E. CROWE twice a week, upon the Diseases of Women; Prof. L. P. YANDELL, JR., twice a week, upon Clinical Medicine; Prof. BODINE twice a week, upon Diseases of the Eye and Ear; Prof. PALMER twice a week, upon Diseases of the Heart and Lungs; Prof. COWLING twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$15.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.,
Dean of University Summer School,
263 W. Walnut St., LOUISVILLE.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids*.

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION,—a combination which in practice is *preferable to perfect isolation or separation of these alkaloids.*

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians :—

1st, *It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.*

2d, *It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.*

3d, *It is less costly: the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.*

4th, *It meets indications not met by that Salt.*

The following well-known Analytical Chemists say:—

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found and hereby certify that I found these alkaloids in it to contain quinine, quinidine, cinchonine, cinchonidine.
F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO,
Feb. 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative ex-

amination for quinine, quinidine, and cinchonine, and cinchonidine, and find it to contain quinine, quinidine, cinchonine, and cinchonidine.

C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quinidine, cinchonine, and cinchonidine.

S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1875.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, Mo., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. J. C. BARLOTT."

"RENFWROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate.
W. H. HALBERT."

"ST. LOUIS, Mo., April, 1875.
"I regard it as one of the most valuable additions ever made to our *materia medica.*
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the combination of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

"Yours truly, LANDON B. EDWARDS, M.D.
*Member Va. State Board of Health
and Sec'y and Treas. Medical Society of Va.*"

"CENTREVILLE, MICH.
"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY,
908 East Cumberland St., Philadelphia, Penn.,
Feb. 29, 1876.

"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.
F. A. GAMAGE, M.D."

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COLLEGE OF PHYSICIANS AND SURGEONS,

(MEDICAL DEPARTMENT OF COLUMBIA COLLEGE)

Corner of Fourth Avenue and 23d St., New York City.

SEVENTY-FIRST SESSION, 1877-'78.

FACULTY OF MEDICINE.

- ALONZO CLARK, M. D., President and Professor of Pathology and Practical Medicine.
 WILLARD PARKER, M. D., Professor of Clinical Surgery.
 JOHN C. DALTON, M. D., Professor of Physiology and Hygiene.
 THOMAS M. MARKOE, M. D., Professor of Surgery.
 T. GAILLARD THOMAS, M. D., Professor of Obstetrics and the Diseases of Women and Children.
 JOHN T. METCALFE, M. D., Emeritus Professor of Clinical Medicine.
 HENRY B. SANDS, M. D., Professor of Anatomy.
 JAMES W. MCCLANE, M. D., Adjunct Professor of Obstetrics and the Diseases of Women and Children.
 THOMAS T. SABINE, M. D., Adjunct Professor of Anatomy.
 CHARLES F. CHANDLER, Ph. D., Professor of Chemistry and Medical Jurisprudence.
 EDWARD CURTIS, M. D., Professor of Materia Medica and Therapeutics.
- FRANCIS DELAFIELD, M. D., Adjunct Professor of Pathology and Practical Medicine.
 JOHN G. CURTIS, M. D., Adjunct Professor of Physiology and Hygiene; Secretary of the Faculty.
 WM. DETMOLD, M. D., Emeritus Professor of Military and Clinical Surgery.
 WM. H. DRAPER, M. D., Clinical Professor of Diseases of the Skin.
 CORNELIUS R. AGNEW, M. D., Clinical Prof. of Diseases of the Eye and Ear.
 ABRAHAM JACOBI, M. D., Clinical Professor of Diseases of Children.
 FESSENDEN N. OTIS, M. D., Clinical Professor of Venereal Diseases.
 EDWARD C. SEGUIN, M. D., Clinical Professor of Diseases of the Mind and Nervous System.
 GEO. M. LEFFERTS, M. D., Clinical Professor of Laryngoscopy and Diseases of the Throat.
 CHAS. MCBURNEY, M. D., Demonstrator of Anatomy.
 CHAS. KELSEY, M. D., Ass't Demonstrator of Anatomy.

FACULTY OF THE SPRING SESSION.

- JAMES L. LITTLE, M. D., Lecturer on Operative Surgery and Surgical Dressings.
 GEORGE G. WHEELOCK, M. D., Lecturer on Physical Diagnosis.
 ROBERT F. WEIR, M. D., Lecturer on Diseases of the Genito-Urinary Organs.
- MATTHEW D. MANN, M. D., Lecturer on the Microscope as an Aid to Diagnosis.
 H. KNAPP, M. D., Lecturer on Diseases of the Eye and Ear.
 T. A. McBRIDE, M. D., Lecturer on Symptomatology.

The COLLEGiate YEAR embraces a special Spring and a regular Winter Session, attendance at the latter only being required for the graduating course. The Spring Session begins near the middle of March, and continues till June 1st. The Regular Winter Session for 1877-'78 begins Monday, October 1st, and continues till March, when the College Commencement is held.

FESSION is by the following methods: I. DIDACTIC LECTURES, WITH DEMONSTRATIONS. During the Winter Session, from five to six lectures are given daily by the Faculty, on the seven general branches of medical science. Attendance obligatory. Fees, \$20 for the course on each branch, or \$140 for the entire curriculum. During the Spring Session, two lectures are given daily by the Faculty of the Spring Session. Fees, each branch, \$5, or \$30 for the whole. II. CLINICAL TEACHING. This important subject receives the fullest attention. Ten clinics, covering all departments of medicine and surgery, are held weekly throughout the entire year in the College Building. In addition, the Faculty, being strongly represented on the staffs of the larger City Hospitals and Dispensaries (such as the Bellevue, Charity, and Roosevelt Hospitals, the N. Y. Eye and Ear Infirmary, etc.) give daily systematic clinical lectures in one or more of these institutions, as a regular feature of the college curriculum. Attendance at clinics is optional and without extra charge. III. RECITATIONS are held daily throughout both sessions by a corps of examiners. Attendance optional. Fees, Winter Session, \$10; Spring Session, \$30; Collegiate Year, \$60. IV. PERSONAL INSTRUCTION—Practical Anatomy is taught from October to May, and every student is expected to dissect. Fee, \$10, good for a collegiate year. Cases of Obstetrics are furnished to advanced students without charge. Personal instruction in Operative Surgery, Minor Surgery, Physical Diagnosis, Ophthalmology, Otology and Laryngoscopy, is also given by special instructors for moderate fees. Attendance optional.

EXPENSES.—The necessary collegiate expenses are a yearly matriculation fee (\$5, good for a collegiate year), and the fees for the lectures of the Winter Session (\$20 for the course on each branch, or \$140 for the entire curriculum). A Graduation Fee of \$30 is also charged. The graduating course requires three years' study, and attendance upon two courses of lectures on each of the seven branches of the winter curriculum. Remissions and reductions of lecture fees are made to graduates, theological students, and students who have already attended two full courses. All fees are payable in advance. Board can be had for from \$6 to \$9 a week, and the Clerk of the College will aid students in obtaining the same.

For the Annual Catalogue and Announcement, or for further information, address JOHN G. CURTIS, M. D., Secretary of the Faculty, College of Physicians and Surgeons, corner of Twenty-Third Street and Fourth Avenue, New York.

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OF INDIANA.

SESSION OF 1877-8.

—:o:—

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THEOPHILUS PARVIN, M. D.

Professor of Obstetrics and Diseases of Women and Children.

R. N. TODD, M. D., President of Faculty.

Professor of the Principles and Practice of Medicine and Clinical Medicine.

ISAAC C. WALKER, M. D.

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JOHN E. LINK, M. D.

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R. E. HAUGHTON, M. D.

Professor of Physiology and Clinical Medicine.

HENRY JAMESON, M. D., Secretary of Faculty.

Professor of Materia Medica, Therapeutics and Analytical Chemistry.

J. L. THOMPSON, M. D.

Professor of Diseases of the Eye and Ear.

JOSEPH EASTMAN, M. D.

Assistant to Chair of Surgery and Demonstrator of Anatomy.

A. O. LAWRENCE, M. D.

Assistant to Chair of Materia Medica, Therapeutics and Analytical Chemistry.

The Session of 1877-78 will commence October 4, 1877, and terminate February 28, 1878.

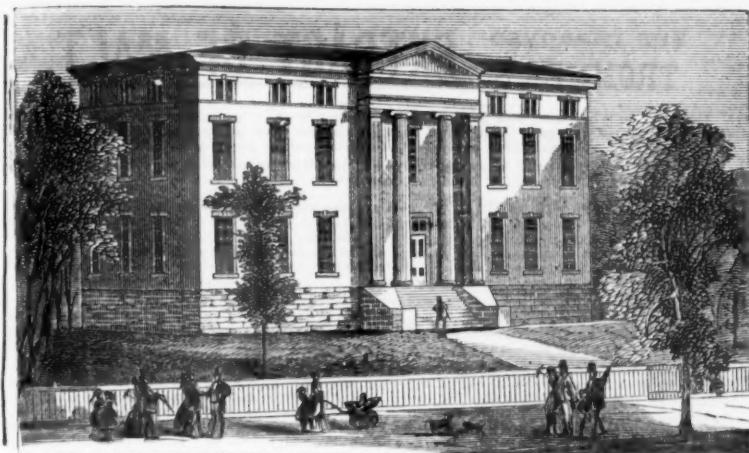
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Professors' Tickets.....	40 00	Student's Laboratory.....	5 00
Matriculation	5 00	Graduation Fee	25 00

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L. P. YANDELL, Jr., M. D.....	Professor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. D.....	Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.....	Prof. Science and Prac. of Med. and Public Hygiene.
JOHN E. CROWE, M. D.....	Prof. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....	Professor of Materia Medica and Medical Chemistry.
D. W. YANDELL, M. D.....	Prof. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
R. O. COWLING, M. D.....	Prof. of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.....	Demonstrator of Anatomy.

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Professors' Tickets, in full.....	\$50 00	Matriculation Fee.....	\$ 5 00
Demonstrators' Ticket.....	10 00	Graduation Fee.....	30 00
Hospital Ticket (required by City), \$5 00.			

The regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

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The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1877-1878 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, October 5, 1877, and end about the first of March, 1878.

FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES B. WOOD, M. D., LL. D.,

Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.,

Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of the Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
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Lecturer Adjunct upon Orthopedic Surgery.

A. A. SMITH, M. D.,
Lecturer Adjunct upon Clinical Medicine.

Professors of Special Departments, Etc.

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EDWARD L. KEYES, M. D.,
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A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term commences from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$5 00
Recitations, Clinics, and Lectures.....	35 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Professor AUSTIN FLINT, JR., Secretary, Bellevue Hospital Medical College.

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L. FIRESTONE, M. D.	D. B. SMITH, M. D.
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Medical Department, Twenty-Fifth Session, 1878.

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SAMUEL WHITE THAYER, M. D., LL. D., Burlington, Vt., Emeritus Professor of General and Special Anatomy; Consulting Surgeon to Mary Fletcher Hospital.	HENRY D. HOLTON, M. D., Brattleboro, Vt., Professor of Materia Medica and General Pathology; Consulting Surgeon to Mary Fletcher Hospital.
WALTER CARPENTER, M. D., Burlington, Vt., Professor of the Theory and Practice of Medicine; Physician in Chief to Mary Fletcher Hospital.	MARSHALL CALKINS, A. M., M. D., Springfield, Mass., Professor of Physiology and Microscopic Anatomy.
JOHN ORDRONAUX, M. D., LL. D., New York City, Emeritus Professor of Medical Jurisprudence.	JAMES L. LITTLE, M. D., New York City, Professor of the Principles and Practice of Surgery; Surgeon in Chief to Mary Fletcher Hospital.
WILLIAM DARLING, A. M., M. D., F. R. C. S., New York City, Professor of General and Special Anatomy.	GEORGE S. SMYTH, Ph. D., University Professor of Chemistry and Toxicology.

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WILLIAM A. HAMMOND, M. D., New York City, Professor of Diseases of the Mind and Nervous System.	Consulting Physician to Mary Fletcher Hospital.
ROBERT W. TAYLOR, M. D., New York City, Professor of Diseases of the Skin.	STEPHEN M. ROBERTS, M. D., New York City, Professor of Diseases of Children.
A. P. GRINNELL, M. D., Burlington, Vt., Professor of Diseases of the Heart and Lungs; Attending Physician to Mary Fletcher Hospital.	EDWARD S. PECK, A. M., M. D., Burlington, Vt., Professor of Diseases of the Eye and Ear.
A. T. WOODWARD, M. D., Brandon, Vt., Professor of the Surgical Diseases of Women;	LEKOY M. BINGHAM, M. D., Burlington, Vt., Demonstrator of Anatomy; Attending Surgeon to Mary Fletcher Hospital.

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Clinical instruction in Medicine, Obstetrics, and Surgery, will be given during the regular course of lectures, by the Professors of the Medical Department of the University.

THE REGULAR WINTER SESSION will commence on the second Thursday of March, 1878, and continue sixteen weeks. This course will consist of from five to six lectures daily, in the various Departments of Medicine and Surgery.

In order to render the course of instruction still more complete, six new Professorships on special subjects have been created by the Faculty, which will afford the student a rare opportunity for gaining information from gentlemen well known as recognized authorities in their particular departments on subjects of great practical interest. These lectures will be delivered during the regular session.

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SURGICAL CLINIQUE, by Prof. LITTLE, every Saturday, from 9 to 12, during the last half of the Session. **MEDICAL CLINIQUE,** by Prof. CARPENTER, on Wednesday morning, during first half of the term. **CLINIQUE FOR DISEASES OF THE EYE AND EAR,** by Prof. BOOSA, once a week during his course of lectures. **CLINIQUE FOR DISEASES OF SKIN,** by Prof. TAYLOR, once a week during his course. **CLINIQUE FOR DISEASES OF CHILDREN,** by Prof. ROBERTS. **CLINIQUE FOR DISEASES OF NERVOUS SYSTEM,** by Prof. HAMMOND, during his course.

FEES FOR THE REGULAR SESSION.

Matriculation Fee, payable each Term.....	\$5 00
Fees for the Full Course of Lectures by all the Professors.....	70 00
Graduation Fee	25 00

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Students who have already attended two full Courses of Lectures in other regular schools are admitted on paying the Matriculation Fee and \$25.

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The January number, for 1878, contains able original papers from Austin Flint, L. P. Yandell, Jr., S. S. Boyd, and J. K. Bigelow.

In the February number there will be found the first part of an elaborate contribution on CONSUMPTION, by Dr. G. Durant, papers by Dr. David Prince, Dr. L. P. Yandell, and others.

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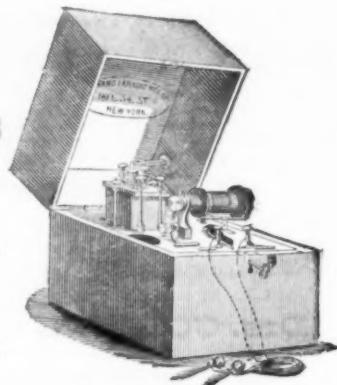
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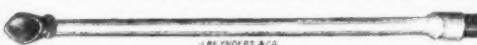
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RELIABILITY.—We have expended much attention and money in perfecting our machinery, to insure exactness and uniformity of the masses and pills, and have engaged superior analytical ability, to guarantee quality of ingredients. Every drug and chemical used in manufacture is carefully tested. Take, for example, our Quinine Pills. Every lot of sulphate of quinine, whether manufactured by ourselves or purchased in foreign or home markets, is accurately analyzed, and every deficiency in percentage is made up by adding quinine to our mass, and reducing the excipient in the same proportion, thus insuring the full amount of pure sulphate of quinine in each pill, as represented on label. As secrecy is generally observed in the manufacture of sulphate of quinine, it may not be generally known, that, incidental to a portion of the process, it is almost impossible to prevent more or less of the other alkaloids remaining in the salt in the form of sulphates; although our best brands contain a very small percentage and nearly all are free from cinchonia, which is easily separated; hence the necessity of making Quinine Pills only after an accurate analysis of the quinine used, and proper adjustment of the mass. To prove correctness in the synthesis, the first of every month, all sizes of our Quinine Pills are analyzed. The same care is observed with the scammony, aloes, etc., which we use in our Cathartic Pills.

COATING.—The coating of McKesson & Robbins' Pills is applied by a special process, and differs from all others in the fact that it is continuous, air-tight, and not porous, which are very important considerations in many delicate preparations, as phosphorus, phosphorus and iron, and other compounds. By this coating, the mass is perfectly protected from exposure to the air, which is not the case with sugar-coated, compressed, or so-called soluble pills.

SOLUBILITY.—The solubility of our coating and pills, may be readily and practically attested, by the administration of a dose of some formulas which are positive in their action, as cathartic, quinine, etc. The Gelatine we use (the same as is employed in making jelly for the sick) is quickly soluble in the stomach, at the same time it protects the mass from the air before being administered, and prevents the taste of the ingredients from being communicated to the mouth of the patient, before swallowing.

SHAPE.—It must be granted that the capsule or spheroidal shape is the form best adapted to the throat, and that the gelatine completely covers the taste, and renders the pill capable of being easily swallowed by the patient and accepted by the stomach, without nausea—important desiderata to the patient.

PERMANENCE.—The question whether MCKESSON & ROBBINS' Gelatine-Coated Quinine Pills will remain unaffected in wet damp climates, seems to be satisfactorily answered in the following abstract of a letter from Aspinwall:

"Messrs. MCKESSON & ROBBINS.

"Gentlemen.—Almost everything perishes rapidly in this terrible climate, but your Gelatine-Coated Pills in bottles keep remarkably well. The dampness does not appear to have the least effect upon them, as long as they are kept in bottles."

"They are very popular here with those who dislike the intense bitterness of Quinine.

Yours respectfully,

"COMMISSARY DEPARTMENT,

PANAMA RAILROAD, ASPINWALL, U. S. C.

"THOS. M. CASH, Commissary."

PRICE LISTS AND SAMPLES FURNISHED UPON APPLICATION.

PRIVATE FORMULAS OF 3,000 OR MORE PILLS, MADE AND COATED TO ORDER.

COLOR OF QUININE PILLS.—In reply to inquiries in regard to CHANGE IN COLOR of our QUININE PILLS, we beg to state that the change is due to our using Pure White SULPHATE OF QUININE, instead of UNBLEACHED of the guaranteed standard of 90% Sulphate of Quinine as formerly, (the custom having been to employ 111 ounces of Unbleached Quinine, in place of 100 ounces of White Quinine). This change to White has been made to avoid misrepresentation. The mass of our Pills has also been greatly improved, in appearance and solubility, by the use of our new excipient.

Very respectfully,

MCKESSON & ROBBINS,
Wholesale Druggists and Manufacturing Chemists,
91 FULTON STREET, NEW YORK.

MCKESSON & ROBBINS PILLS AND GRANULES,

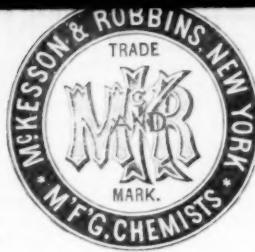
OF THE

U. S. PHARMACOPIA & OTHER RELIABLE FORMULAS,

GELATINE-COATED,

Process and Machinery Patented,

91 & 93 Fulton, 80, 82 & 84 Ann Sts., N. Y.



NEW THERAPEUTICAL NOTES.

CHARCOAL, WILLOW, 5 grs.

The value of pure powdered Willow Charcoal in Dyspepsia, Indigestion and all affections arising from derangements of the stomach, such as Headache, Heartburn, &c., is well known. Its value must necessarily be much increased, since it is, for the first time, presented in a convenient, reliable and unobjectionable form, in our Gelatine-Coated Pills.

IRON, DIALYSED, 2 grs.

Made from Merck's scales or plates of Dialysed Iron, and, about 20 times the strength of the Solutions in market.

SALICIN, 2½ and 5 grs.

Salicin is becoming more and more favorably known in the treatment of Rheumatic affections, also as a Tonic, Astringent, and Anti-Periodic, and is best exhibited in our Gelatine-Coated Pills. In Acute Rheumatism, Salicin has been found very efficacious, and according to "The Lancet," not less certain, than Quinine is for the Ague. In large doses, it has been claimed to be an absolute specific in Corneitis (suppurative). Price, reduced.

MONOBROMATED CAMPHOR, 2 and 3 grs.

Is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in Infantile Convulsions from teething; Hysteria; Headache from over study or nervousness, and Nymphomania. (Dose, 3 to 4 grs.)

CALCIUM, SULPHIDE, 1-10 gr.

Strongly recommended in cases of Scrofulous and other unhealthy sores, Glandular Enlargement, Boils occurring in crops, &c." In many skin diseases, it is strongly indicated, being not only Anti-parasitic and Anti-herpetic, but also stimulant and tonic.

An eminent physician, who has given much attention to the use of Sulphide of Calcium and cites several very interesting cases of cures of Abscesses, through its medium. In his words: "The Sulphide of Calcium is indicated in Scrofulous and unhealthy sores and Glandular Enlargements, in Boils appearing in crops, and in carbuncles—in any diathesis with a tendency to Abscesses with suppuration."

CERIUM, OXALATE, 1 gr.

Used as a remedy in the sick stomach of pregnant women, and in the vomiting of pregnancy, as well as in Phthisis, Hysteria, Pyrosis and Atonic Dyspepsia. (Dose, 1 to 3.)

PHOSPHORUS, 1-100, 1-50, 1-30, 1-20, 1-12 gr.

The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state; while sugar, owing to its crystalline nature, is very porous, and will admit of rapid change in substances, of a delicate character, covered with it. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, McKesson & Robbins' Pills, $\frac{1}{20}$, $\frac{1}{10}$ & $\frac{1}{5}$ gr.

PHOSPHORUS COMPOUND AND IRON, McKesson & Robbins' Pills.

CAUTION!! — SPECIFY MCKESSON & ROBBINS'.

McKesson & Robbins' Pills are thoroughly tested by a competent chemist

Every drug and chemical

THERAPEUTICAL NOTES ON SOME SPECIALTIES IN

MCKESSON & ROBBINS' G. C. PILLS.

ERCOTIN PILLS, 3 grs.

We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains, in the most potent form, all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the fluid preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynaecology, assert that they have never found a preparation of Ergot, in which, by experience, they feel as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one-ounce bottles.

COCA EXTRACT, 1 gr.

McKesson & Robbins' Solid Extract, made from freshly imported leaves, is used in these pills. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the physician to judge correctly of the value of this remedy. Coca Erythroxylon is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration, accompanying its use, is said not to be followed by any depressing effects.

JABORANDI EXTRACT, 3 grs.

Made of McKesson & Robbins' Solid Extract. These pills present a much better and more acceptable form of administering this powerful Diaphoretic and Sialagogue, than any of the liquid preparations. Valuable in Rheumatism and all Syphilitic troubles of long standing. (Dose, 1 to 3.)

PHOSPHIDE ZINC, 1-6, 1-4 and 1-2 gr.

The Phosphide of Zinc has been very successfully used by Drs. Hammond (see Dr. H.'s last book), Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia (see paper by Dr. Adolphus, St. L. Med. Jour., XIII. 471). P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

SANDAL WOOD EXTRACT, 1 and 2 grs.

These pills contain both the oil and resin existing in Sandal Wood, are believed to be superior to the oil alone, and are more convenient of administration. The Extract is manufactured from the wood, in our laboratory.

SOLIDIFIED COPAIBA, WITH OLEO-RESIN CUBEB PILLS, 3 and 5 grs.

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

QUININE, SULPHO-CARBOLATE, 1, 2 and 3 grs.

This salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of Fever and Ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

PHYSICIANS' POCKET CASES FOR PILLS.

Having received many inquiries for our Gelatine-Coated Pills and Granules put up in a form convenient for practitioners, and, not finding any of the ready-made pocket cases in market desirable, we have devised a number of forms and sizes of our own. The number and variety of the formulas of our Pills, together with their ready solubility have, to a great extent, obviated the necessity of carrying the bulky medicine chest, with its solution and powders.

Circular, with cuts and prices, mailed upon application.

CAUTION!! — SPECIFY MCKESSON & ROBBINS'.

MCKESSON & ROBBINS' GRANULES.

ACONITIA,	.....	1-60 gr.
ARSENIOUS ACID,	.....	1-50, 1-40, 1-30, 1-20 gr.
ATROPIA,	.....	1-60 gr.
BELLADONNA EXTRACT,	.....	1-4 gr.
CALCIUM, SULPHIDE,	.....	1-10 gr.
CODEIA,	.....	1-16, 1-5 gr.
CORROSIVE SUBLIMATE,	.....	1-40, 1-30, 1-20 gr.
DIGITALIA,	.....	1-60 gr.
MERCURY, BIN-IODIDE,	.....	1-25, 1-16 gr.
MERCURY, PROTO-IODIDE,	.....	1-5, 1-4, 1-2 gr.
MORPHIA, ACETATE,	.....	1-8, 1-4 gr.
MORPHIA, SULPHATE,	.....	1-16, 1-10, 1-8, 1-6, 1-4 gr.
MORPHIA, VALERIANATE,	.....	1-8 gr.
PODOHYLLIN,	.....	1-8, 1-4 gr.
QUINIA,	.....	1-2, 1-4 gr.
STRYCHNIA,	.....	1-60, 1-40, 1-30 gr.
SULPHUR, IODIDE,	.....	1-25, 1-10 gr.
TARTAR EMETIC,	.....	1-100, 1-20, 1-4 gr.
ZINC, PHOSPHIDE,	.....	1-6, 1-4, 1-2 gr.

Physicians have experienced the need of a reliable and more pleasant form for administering these more potent remedies. The want of reliability, as exhibited in the Granules of the market by the varying action following their administration, has caused them to be avoided—and very justly—by most practitioners, who have preferred rather to use solutions, and trust to the custom of dropping, or using a teaspoon to measure their portions, although nearly as uncertain, owing to great difference in the sizes of teaspoons, and the fact that drops vary with the conditions and form of surface, from which they flow.

In our preparations, we have taken special precautions by enforcing our system of checking the weights, and, at large expense, have had our machines for division of the substances so carefully and correctly constructed, as to insure an exactness never before maintained in this class of preparations. We can, therefore, afford assurance to physicians of correct weight and perfect division. Our Granules have been appreciated and are being extensively used by the profession. Be careful and see that "McKesson & Robbins" is on the label.

A physician in St. Louis, who has for some time been using our Pills, prescribed "**Gelatine-Coated Phosphorus Pills, 1/2 gr.**" intending to have the **McKesson & Robbins** Pills dispensed, but did not perceive the usual effects after administering them to the patient. Upon investigation, he found the Pills resembled ours somewhat in external appearance, but on cutting one open, he found it contained hardly a trace of **Phosphorus**. The doctor went to the druggist, who had dispensed the prescription, and found that, not having our Phosphorus Pills in stock, he had dispensed an imitation; the druggist claimed that he was warranted in so doing, as the physician had not taken the precaution to put the name **McKesson & Robbins** upon his prescription, although the physician had been in the habit of specifying our pills, and the druggist knew it. We have had our attention called to several cases of this character, regarding the Quinine Pills, Morphia Granules and others, when, on failing to obtain results, the physicians have found that they were being imposed upon by imitations; this has induced them to write "**McKesson & Robbins' C. C. Pills**" in full upon their prescriptions and add, "**send no others.**" We have full lines of our Pills in all of the large, and in most of the small cities, and there is no excuse for substituting imitations.

Price Lists furnished upon application. See list of formulas, last page.

Private Formulas, of 3,000 or more Pills, Made and Coated to Order.

McKESSON & ROBBINS, 91 Fulton Street, New York.

CAUTION!!—SPECIFY MCKESSON & ROBBINS'.

COLLEGE OF PHYSICIANS AND SURGEONS,

(MEDICAL DEPARTMENT OF COLUMBIA COLLEGE,)

Corner of Fourth Avenue and 23d St., New York City.

SEVENTY-FIRST SESSION, 1877-'78.

FACULTY OF MEDICINE.

ALONZO CLARK, M. D., President and Professor of Pathology and Practical Medicine.

WILLARD PARKER, M. D., Professor of Clinical Surgery.

JOHN C. DALTON, M. D., Professor of Physiology and Hygiene.

THOMAS M. MARKOE, M. D., Professor of Surgery.

T. GAILLARD THOMAS, M. D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN T. METCALFE, M. D., Emeritus Professor of Clinical Medicine.

HENRY B. SANDS, M. D., Professor of Anatomy.

JAMES W. MCCLANE, M. D., Adjunct Professor of Obstetrics and the Diseases of Women and Children.

THOMAS T. SABINE, M. D., Adjunct Professor of Anatomy.

CHARLES F. CHANDLER, Ph. D., Professor of Chemistry and Medical Jurisprudence.

EDWARD CURTIS, M. D., Professor of Materia Medica and Therapeutics.

FRANCIS DELAFIELD, M. D., Adjunct Professor of Pathology and Practical Medicine.

JOHN G. CURTIS, M. D., Adjunct Professor of Physiology and Hygiene; Secretary of the Faculty.

WM. DETMOLD, M. D., Emeritus Professor of Military and Clinical Surgery.

WM. H. DRAPER, M. D., Clinical Professor of Diseases of the Skin.

CORNELIUS R. AGNEW, M. D., Clinical Prof. of Diseases of the Eye and Ear.

ABRAHAM JACOBI, M. D., Clinical Professor of Diseases of Children.

FESSENDEN N. OTIS, M. D., Clinical Professor of Venereal Disease.

EDWARD C. SEGUIN, M. D., Clinical Professor of Diseases of the Mind and Nervous System.

GEO. M. LEFFERTS, M. D., Clinical Professor of Laryngoscopy and Diseases of the Throat.

CHAS. McBURNEY, M. D., Demonstrator of Anatomy.

CHAS. KELSEY, M. D., Ass't Demonstrator of Anatomy.

FACULTY OF THE SPRING SESSION.

JAMES L. LITTLE, M. D., Lecturer on Operative Surgery and Surgical Dressings.

GEORGE G. WHEELOCK, M. D., Lecturer on Physical Diagnosis.

ROBERT F. WEIR, M. D., Lecturer on Diseases of the Genito-Urinary Organs.

MATTHEW D. MANN, M. D., Lecturer on the Microscope as an Aid to Diagnosis.

H. KNAPP, M. D., Lecturer on Diseases of the Eye and Ear.

T. A. MCBRIDE, M. D., Lecturer on Symptomatology.

The COLLEGiate YEAR embraces a special Spring and a regular Winter Session, attendance at the latter only being required for the graduating course. The Spring Session begins near the middle of March, and continues till June 1st. The Regular Winter Session for 1877-'78 begins Monday, October 1st, and continues till March, when the College Commencement is held.

TUTORION is by the following methods: I. DIDACTIC LECTURES, WITH DEMONSTRATIONS. During the Winter Session, from five to six lectures are given daily by the Faculty, on the seven general branches of medical science. Attendance obligatory. Fees, \$20 for the course on each branch, or \$140 for the entire curriculum. During the Spring Session, two lectures are given daily by the Faculty of the Spring Session. Fees, each branch, \$6, or \$30 for the whole. II. CLINICAL TEACHING. This important subject receives the fullest attention. Ten clinics, covering all departments of medicine and surgery, are held weekly throughout the entire year in the College Building. In addition, the Faculty, being strongly represented on the staffs of the larger City Hospitals and Dispensaries (such as the Bellevue, Charity, and Roosevelt Hospitals, the N. Y. Eye and Ear Infirmary, etc.) give daily systematic clinical lectures in one or more of these institutions, as a regular feature of the college curriculum. Attendance at clinics is optional and without extra charge. III. RECITATIONS are held daily throughout both sessions by a corps of examiners. Attendance optional. Fee, Winter Session, \$10; Spring Session, \$30; Collegiate Year, \$60. IV. PERSONAL INSTRUCTION—Practical Anatomy is taught from October to May, and every student is expected to dissect. Fee, \$10, good for a collegiate year. Cases of Obstetrics are furnished to advanced students without charge. Personal Instruction in Operative Surgery, Minor Surgery, Physical Diagnosis, Ophthalmology, Otology and Laryngoscopy, is also given by special instructors for moderate fees. Attendance optional.

EXPENSES.—The necessary collegiate expenses are a yearly matriculation fee (\$5, good for a collegiate year), and the fees for the lectures of the Winter Session (\$20 for the course on each branch, or \$140 for the entire curriculum). A Graduation Fee of \$30 is also charged. The graduating course requires three years' study, and attendance upon two courses of lectures in each of the seven branches of the winter curriculum. Remissions and reductions of lecture fees are made to graduates, theological students, and students who have already attended two full courses. All fees are payable in advance. Board can be had for from \$6 to \$9 a week, and the Clerk of the College will aid students in obtaining the same.

For the Annual Catalogue and Announcement, or for further information, address JOHN G. CURTIS, M. D., Secretary of the Faculty, College of Physicians and Surgeons, corner of Twenty-Third Street and Fourth Avenue, New York.

COLLEGE OF PHYSICIANS AND SURGEONS

OF INDIANA.

SESSION OF 1877-8.

—:o:—

FACULTY.

GRAHAM N. FITCH, M. D.

Professor of the Science and Art of Surgery and Clinical Surgery.

THEOPHILUS PARVIN, M. D.

Professor of Obstetrics and Diseases of Women and Children.

R. N. TODD, M. D., President of Faculty.

Professor of the Principles and Practice of Medicine and Clinical Medicine.

ISAAC C. WALKER, M. D.

Professor of Diseases of the Mind and Nervous System, and Clinical Medicine.

JOHN E. LINK, M. D.

Professor of Descriptive and Surgical Anatomy.

R. E. HAUGHTON, M. D.

Professor of Physiology and Clinical Medicine.

HENRY JAMESON, M. D., Secretary of Faculty.

Professor of Materia Medica, Therapeutics and Analytical Chemistry.

J. L. THOMPSON, M. D.

Professor of Diseases of the Eye and Ear.

JOSEPH EASTMAN, M. D.

Assistant to Chair of Surgery and Demonstrator of Anatomy.

A. O. LAWRENCE, M. D.

Assistant to Chair of Materia Medica, Therapeutics and Analytical Chemistry.

~~NOT~~ The Session of 1877-78 will commence October 4, 1877, and terminate February 28, 1878.

F E E S .

Hospital Ticket	\$5 00	Demonstrator's Ticket.....	\$10 00
Professors' Tickets.....	40 00	Student's Laboratory.....	5 00
Matriculation	5 00	Graduation Fee	25 00

Apply for Annual Circular or further information to

DR. HENRY JAMESON,
No. 35 East Market Street, Indianapolis, Ind.

3

UNIVERSITY OF LOUISVILLE.



MEDICAL DEPARTMENT,

Corner of Eighth and Chestnut Streets.

FORTY-SECOND ANNUAL SESSION.

FACULTY.

- J. M. BODINE, M. D.....Prof. of Anatomy and the Operative Surgery of the Eye.
L. P. YANDELL, JR., M. D.....Professor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. D.....Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.....Prof. Science and Pract. of Med. and Public Hygiene.
JOHN E. CROWE, M. D.....Prof. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....Prof. of Materia Medica and Medical Chemistry.
D. W. YANDELL, M. D.....Prof. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
R. O. COWLING, M. D.....Prof. of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.....Demonstrator of Anatomy.

F E E S .

Professors' Tickets, in full.....	\$50 00	Matriculation Fee.....	\$ 5 00
Demonstrators' Ticket.....	10 00	Graduation Fee.....	30 00

Hospital Ticket (required by City), \$5 00.

The regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

For the Annual Circular containing full particulars, address

J. W. HOLLAND, M. D., Sec'y of Faculty.

**THE IMPROVED
TROMMER'S**

EXTRACT OF MALT.

This Extract is prepared from the best Canada Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor:

TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your Extract of Malt: Malt Sugar (Glucose), 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712, Alkalies, .377; Water, 25.7. Total, 99.968.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hagar, that has been so generally received by the profession, I find it to substantially agree with that article. Yours, truly,

SILAS H. DOUGLAS,

Professor of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

By many American physicians, and among others, by such foreign authorities (German, French and English), as Nemeijer, Trouseau, and Aitken, the Malt Extract is extolled in the treatment of impaled, difficult, and "irritable" digestion, loss of appetite, sick headache, chronic diarrhoea, cough, bronchitis, asthma, consumption, the debility of females, and of the aged, in retarded convalescence from exhausting diseases, and indeed most all depressing maladies, in which it has been found very sustaining and strengthening, and admirably adapted for building up and invigorating the system. It is often well borne by the stomach when every kind of food is rejected, thus actually sustaining life.

The presence of a large proportion of Diastase renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or in water, wine, or any kind of spirituous liquor, or mixed with a glass of milk. Each bottle contains One and One Half Pounds of the Extract. Price \$1.00.

In addition to the Extract of Malt with Hops, the attention of Physicians is invited to the following combinations:

Improved Trommer's Extract of Malt—“FERRATED.” Each dose contains our grains of the Pyrophosphate of Iron. Particularly adapted to cases of Anæmia. Price \$1.00.

Improved Trommer's Extract of Malt, “with CITRATE OF IRON and QUINIA.” Appropriate where Iron and Quinine are jointly indicated. Very beneficial in the anæmic state following autumnal fevers, in chlorosis, enlarged spleen, carbuncles, boils, etc. It is a pleasant tonic, the bitter taste being very effectually disguised. Each dose contains four grains of the Citrate of Iron and Quinia. Price \$1.50.

Improved Trommer's Extract of Malt, “with HYPOPHOSPHITES.” Far superior to any of the “Syrups” of Hypophosphites, and invaluable in anæmia, scrofulous, tuberculous and other cachectic conditions. In the various affections to which scrofulous children are liable, as marasmus, rachitis, caries of the spine, etc., it is very efficacious. This combination is in certain cases, even more efficient in exhaustion from undue lactation, than the Extract of Malt with Hops. Price \$1.50.

Improved Trommer's Extract of Malt, “with THE IODIDES OF IRON AND MANGANESE.” The experience of the late Sir J. Y. Simpson and others in the use of this combination of salts, has been fully confirmed by more recent experience. Particularly recommended in anæmia dependant upon scrofula, phthisis, cancers, the syphilitic cachexy, enlarged spleen, and in chlorosis where Iron alone has failed. Each dose contains one grain each of the Iodides of Iron and Manganese. Price \$1.50.

Improved Trommer's Extract of Malt, “with ALTERATIVES.” Each dose contains the proper proportions of the Iodide of Calcium and Iron, and of the Chlorides and Bromides of Magnesium, Sodium and Potassium. This combination of the most potent alteratives with tonics and restoratives, has been successfully employed in the different forms of disease dependent upon the “modified scrofulous diathesis,” as general perverted glandular action, disease of the bones and cartilages, catarrhal affections of the eyes, ear, and nose-pharyngeal mucous surfaces, eczemas and other cutaneous eruptions, in rheumatic arthritis, scrofulous rheumatism, etc. Price \$1.50.

PREPARED BY:

TROMMER EXTRACT OF MALT COMPANY, FREMONT, OHIO.

For Sale by Wholesale Druggists throughout the United States and the Canadas.

No. 81

BELLEVUE HOSPITAL MEDICAL COLLEGE,
CITY OF NEW YORK,
SESSIONS OF 1877-'78.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1877-'78 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, October 8, 1877, and end about the first of March, 1878.

FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

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On Diseases of the Eye and Ear,	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology,	BY PROF. E. R. PALMER.
On Public Hygiene,	BY PROF. T. S. BELL.
On Clinical Diseases of Women,	BY PROF. JOHN E. CROWE.
On Clinical Surgery,	BY PROF. D. W. YANDELL.
On Nervous Maladies and Electrotherapy,	BY PROF. J. W. HOLLAND.
On Surgery,	BY PROF. R. O. COWLING.
On Practice of Medicine,	BY DR. W. O. ROBERTS.
On Anatomy and Physiology,	BY DR. H. A. COTTELL,
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"Yours truly, LANDON B. EDWARDS, M.D.
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Boston Medical and Surgical Journal, January 22, 1874.

"Messrs. EDITORS:

"I have several times had occasion to prescribe Phosphorus, and have written for WARNER'S 1-50 grain each. At least three apothecaries have given instead of WARNER'S 1-50 grain, ————— 1-60 grain. As there is a great difference in the pills manufactured by these parties, there need be no such mistake, and it could only have been intentional on the part of the apothecaries, who probably did not have WARNER'S. ————— is made up with a dark brownish colored mass, with no odor or taste of Phosphorus, or with only a very faint taste. In some carefully analyzed no Phosphorus was found. WARNER'S pill is made from a whitish mass, with a *very decided odor of Phosphorus*; indeed, the pills containing the 1-100 grain smell more strongly than the 1-60 grain manufactured by the other parties.

"Apothecaries, please send our patients the medicine ordered, in justice to the patients and to ourselves. Physicians, examine the medicines procured by your patients, and if not right have the error corrected."

CAUTION.—Order in bottles of one hundred, and specify WARNER & CO.

SUPERIOR TO PEPSIN OF THE HOG.

INGLUVIN

FROM THE

Ventriculus Callosus Gallinaceus.

A specific for VOMITING IN PREGNANCY, a potent and reliable remedy for the cure of INDIGESTION, DISPEPSIA, and SICK STOMACH, caused from debility of that organ. It is superior to the Pepsin Preparations, since it acts with more certainty, and effects cures where they fail.

"A New Remedy, INGLUVIN."

By A. F. SHELLY, M.D., of Philadelphia.

"This is obtained from the gizzard of the domestic fowl (chicken), and is a *Specific for Vomiting in Pregnancy*. I have used this remedy for twenty-five years, and it has never failed. It is also the most powerful and reliable remedy for the Cure of Indigestion, Dyspepsia, and Sick Stomach, caused from debility of that organ. It is useful in all cases where pepsines and pancreatives are used, but with much more certainty of good results.

"In complicated affections of the Stomach, such as Inflammation, Gastralgia, Pyrosis, etc., it may be combined with Subnitrate of Bismuth and opiates; and in Diarrhoea and Cholera Infantum, with astringents, both vegetable and mineral. I have given the article to several prominent physicians, who have used it with the happiest results, among whom I may mention Prof. E. WALLACE, of the Jefferson Medical College."

AN EFFICIENT REMEDY AND AN AGREEABLE SUBSTITUTE FOR COD LIVER OIL.

PROF. TROUSSEAU'S

CARBONIZED

FRESH MEAT CURE.

Consisting of TENDER, RAW, LEAN BEEF, desiccated in vacuum, combined with CARBON as an antiseptic, and medicated with HYPOPHOSPHITES OF LIME, SODA, and POTASSA with CINCHONA. A medicated, nourishing food, pleasant to take and easily digested, for the cure of

Consumption, Chronic Dysentery, and Exhausted Conditions consequent upon Typhus and Typhoid Fevers, Typhoid Pneumonia, Diphtheria, General Debility, Nervousness, and Prostration from whatever cause.

In presenting this to the Medical Practitioners of the United States, we scarcely deem it necessary to extol a remedy the efficacy of which they must determine by actual trial. We believe, as Pharmaceutical Chemists, that we have overcome a difficulty by making this preparation of fresh meat stable under all circumstances; while, at the same time, it is potent, efficacious, and palatable.

WILLIAM R. WARNER & CO.,

1228 MARKET STREET, PHILADELPHIA,

MANUFACTURERS OF SUGAR-COATED PILLS.

McKESSON & ROBBINS' **GELATINE-COATED PILLS.**

We take occasion to thank the profession and trade, for their patronage of our Gelatine-Coated Pills, and request a continuance of the same. Full lines of our Pills have been established in all the large centres of trade, and in many of the smaller cities. To those living in remote places we will be happy to mail any formulas on our list, not procurable nearer home, at an expense of about 2 cents per 100.

We regret to announce that our attention has been called to several instances where other pills have been substituted by druggists when ours were desired, and even specified, by the physician. We believe that such instances are rare, but in some cases physicians have notified us of such breach of honor in the druggist.

SPECIFY McKESSON & ROBBINS'.

Reduction in Price of McKesson & Robbins' Quinine Pills. Send for List.

RELIABILITY.—We have expended much attention and money in perfecting our machinery, to insure exactness and uniformity of the masses and pills, and have engaged superior analytical ability, to guarantee quality of ingredients. Every drug and chemical used in manufacture is carefully tested. Take, for example, our Quinine Pills. Every lot of sulphate of quinine, whether manufactured by ourselves or purchased in foreign or home markets, is accurately analyzed, and every deficiency in percentage is made up by adding quinine to our mass, and reducing the excipient in the same proportion, thus insuring the full amount of pure sulphate of quinine in each pill, as represented on label. As secrecy is generally observed in the manufacture of sulphate of quinine, it may not be generally known, that, incidental to a portion of the process, it is almost impossible to prevent more or less of the other alkaloids remaining in the salt in the form of sulphates; although our best brands contain a very small percentage and nearly all are free from cinchonia, which is easily separated; hence the necessity of making Quinine Pills only after an accurate analysis of the quinine used, and proper adjustment of the mass. To prove correctness in the synthesis, the first of every month, all sizes of our Quinine Pills are analyzed. The same care is observed with the scammony, aloes, etc., which we use in our Cathartic Pills.

COATING.—The coating of McKesson & Robbins' Pills is applied by a special process, and differs from all others in the fact that it is continuous, air-tight, and not porous, which are very important considerations in many delicate preparations, as phosphorus, phosphorus and iron, and other compounds. By this coating, the mass is perfectly protected from exposure to the air, which is not the case with sugar-coated, compressed, or so-called soluble pills.

SOLUBILITY.—The solubility of our coating and pills, may be readily and practically attested, by the administration of a dose of some formulas which are positive in their action, as cathartic, quinine, etc. The Gelatine we use (the same as is employed in making jelly for the sick) is quickly soluble in the stomach, at the same time it protects the mass from the air before being administered, and prevents the taste of the ingredients from being communicated to the mouth of the patient, before swallowing.

SHAPE.—It must be granted that the capsule or spheroidal shape is the form best adapted to the throat, and that the gelatine completely covers the taste, and renders the pill capable of being easily swallowed by the patient and accepted by the stomach, without nausea—important desiderata to the patient.

PERMANENCE.—The question whether McKesson & Robbins' Gelatine-Coated Quinine Pills will remain unaffected in warm, damp climates, seems to be satisfactorily answered in the following abstract of a letter from Aspinwall:

"**Messrs. McKESSON & ROBBINS.**
PANAMA RAILROAD, ASPINWALL, U. S. C.
"Gentlemen.—Almost everything perishes rapidly in this terrible climate, but your Gelatine-Coated Pills in bottles keep remarkably well. The dampness does not appear to have the least effect upon them, as long as they are kept in bottles.
"They are very popular here with those who dislike the intense bitterness of Quinine."

Yours respectfully,
"THOS. M. CASH, Commissary."

PRICE LISTS AND SAMPLES FURNISHED UPON APPLICATION.

PRIVATE FORMULAS OF 3,000 OR MORE PILLS, MADE AND COATED TO ORDER.

COLOR OF QUININE PILLS.—In reply to inquiries in regard to CHANGE IN COLOR of our QUININE PILLS, we beg to state that the change is due to our using PURE WHITE SULPHATE OF QUININE, instead of UN-BLEACHED or the guaranteed standard of 90% Sulphate of Quinine as formerly, (the custom having been to employ 111 ounces of Unbleached Quinine, in place of 100 ounces of White Quinine). This change to White has been made to avoid misrepresentation. The mass of our Pills has also been greatly improved, in appearance and solubility, by the use of our new excipient.
Very respectfully,

McKESSON & ROBBINS,
Wholesale Druggists and Manufacturing Chemists,

MCKESSON & ROBBINS' PILLS AND GRANULES,

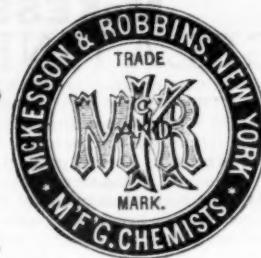
OF THE

U. S. PHARMACOPIA & OTHER RELIABLE FORMULAS,

CELATINE-COATED,

Process and Machinery Patented,

91 & 93 Fulton, 80, 82 & 84 Ann Sts., N. Y.



NEW THERAPEUTICAL NOTES.

CHARCOAL, WILLOW, 5 grs.

The value of pure powdered Willow Charcoal in Dyspepsia, Indigestion and all affections arising from derangements of the stomach, such as Headache, Heartburn, &c., is well known. Its value must necessarily be much increased, since it is, for the first time, presented in a convenient, reliable and unobjectionable form, in our Gelatine-Coated Pills.

IRON, DIALYSED, 2 grs.

Made from Merck's scales or plates of Dialysed Iron, and, about 20 times the strength of the Solutions in market.

SALICIN, 2½ and 5 grs.

Salicin is becoming more and more favorably known in the treatment of Rheumatic affections, also as a Tonic, Astringent, and Anti-Periodic, and is best exhibited in our Gelatine-Coated Pills. In Acute Rheumatism, Salicin has been found very efficacious, and according to "The Lancet," not less certain, than Quinine is for the Ague. In large doses, it has been claimed to be an absolute specific in Corneitis (suppurative). Price, reduced.

MONOBROMATED CAMPHOR, 2 and 3 grs.

Is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in Infantile Convulsions from teething; Hysteria; Headache from over study or nervousness, and Nymphomania. (Dose, 3 to 4 grs.)

CALCIUM, SULPHIDE, 1-10 gr.

Strongly recommended "in cases of Scrofulous and other unhealthy sores, Glandular Enlargement, Boils occurring in crops, &c." In many skin diseases, it is strongly indicated, being not only Anti-parasitic and Anti-herpetic, but also stimulant and tonic.

An eminent physician, who has given much attention to the use of Sulphide of Calcium and cites several very interesting cases of cures of Abscesses, through its medium. In his words: "The Sulphide of Calcium is indicated in Scrofulous and unhealthy sores and Glandular Enlargements, in Boils appearing in crops, and in carbuncles—in any diathesis with a tendency to Abscesses with suppuration."

CERIUM, OXALATE, 1 gr.

Used as a remedy in the sick stomach of pregnant women, and in the vomiting of pregnancy, as well as in Phthisis, Hysteria, Pyrosis and Atonic Dyspepsia. (Dose, 1 to 3.)

PHOSPHORUS, 1-100, 1-50, 1-30, 1-20, 1-12 gr.

The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state; while sugar, owing to its crystalline nature, is very porous, and will admit of rapid change in substances, of a delicate character, covered with it. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, McKesson & Robbins' Pills, $\frac{1}{6}$, $\frac{1}{4}$ & $\frac{1}{2}$ gr.

PHOSPHORUS COMPOUND AND IRON, McKesson & Robbins' Pills.

Every drug and chemical used in McKesson & Robbins' Pills are thoroughly tested by a competent chemist, and the Pills repeatedly analyzed to prove correctness in the synthesis.

THERAPEUTICAL NOTES ON SOME SPECIALTIES IN McKESSON & ROBBINS' G. C. PILLS.

ERCOTIN PILLS,..... 3 grs.

We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains, in the most potent form, all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the fluid preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynaecology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one-ounce bottles.

COCA EXTRACT,..... 1 gr.

McKesson & Robbins' Solid Extract, made from freshly imported leaves, is used in these pills. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the physician to judge correctly of the value of this remedy. Coca Erythroxylon is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration, accompanying its use, is said not to be followed by any depressing effects.

JABORANDI EXTRACT,..... 3 grs.

Made of McKesson & Robbins' Solid Extract. These pills present a much better and more acceptable form of administering this powerful Diaphoretic and Sialagogue, than any of the liquid preparations. Valuable in Rheumatism and all Syphilitic troubles of long standing. (Dose, 1 to 3.)

PHOSPHIDE ZINC,..... 1-6, 1-4 and 1-2 gr.

The Phosphide of Zinc has been very successfully used by Drs. Hammond (see Dr. H.'s last book), Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia (see paper by Dr. Adolphus, St. L. Med. Jour., XIII. 471). P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

SANDAL WOOD EXTRACT,..... 1 and 2 grs.

These pills contain both the oil and resin existing in Sandal Wood, are believed to be superior to the oil alone, and are more convenient of administration. The Extract is manufactured from the wood, in our laboratory.

SOLIDIFIED COPAIBA, WITH OLEO-RESIN CUBEBS PILLS,..... 3 and 5 grs.

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

QUININE, SULPHO-CARBOLATE,..... 1, 2 and 3 grs.

This salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of Fever and Ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

PHYSICIANS' POCKET CASES FOR PILLS.

Having received many inquiries for our Gelatine-Coated Pills and Granules put up in a form convenient for practitioners, and, not finding any of the ready-made pocket cases in market desirable, we have devised a number of forms and sizes of our own. The number and variety of the formulas of our Pills, together with their ready solubility have, to a great extent, obviated the necessity of carrying the bulky medicine chest, with its solution and powders.

Circular, with cuts and prices, mailed upon application.

MCKESSON & ROBBINS' GRANULES.

ACONITIA,	.....	1-60 gr.
ARSENIOUS ACID,	.....	1-50, 1-40, 1-30, 1-20 gr.
ATROPIA,	.....	1-60 gr.
BELLADONNA EXTRACT,	.....	1-4 gr.
CALCIUM, SULPHIDE,	.....	1-10 gr.
CODEIA,	.....	1-16, 1-5 gr.
CORROSIVE SUBLIMATE,	.....	1-40, 1-30, 1-20 gr.
DIGITALIA,	.....	1-60 gr.
MERCURY, BIN-IODIDE,	.....	1-25, 1-16 gr.
MERCURY, PROTO-IODIDE,	.....	1-5, 1-4, 1-2 gr.
MORPHIA, ACETATE,	.....	1-8, 1-4 gr.
MORPHIA, SULPHATE,	.....	1-16, 1-10, 1-8, 1-6, 1-4 gr.
MORPHIA, VALERIANATE,	.....	1-8 gr.
PODOPHYLLIN,	.....	1-8, 1-4 gr.
QUINIA,	.....	1-2, 1-4 gr.
STRYCHNIA,	.....	1-60, 1-40, 1-30 gr.
SULPHUR, IODIDE,	.....	1-25, 1-10 gr.
TARTAR EMETIC,	.....	1-100, 1-20, 1-4 gr.
ZINC, PHOSPHIDE,	.....	1-6, 1-4, 1-2 gr.

Physicians have experienced the need of a reliable and more pleasant form for administering these more potent remedies. The want of reliability, as exhibited in the Granules of the market by the varying action following their administration, has caused them to be avoided—and very justly—by most practitioners, who have preferred rather to use solutions, and trust to the custom of dropping, or using a teaspoon to measure their portions, although nearly as uncertain, owing to great difference in the sizes of teaspoons, and the fact that drops vary with the conditions and form of surface, from which they flow.

In our preparations, we have taken special precautions by enforcing our system of checking the weights, and, at large expense, have had our machines for division of the substances so carefully and correctly constructed, as to insure an exactness never before maintained in this class of preparations. We can, therefore, afford assurance to physicians of correct weight and perfect division. Our Granules have been appreciated and are being extensively used by the profession. Be careful and see that "McKesson & Robbins" is on the label.

A physician in St. Louis, who has for some time been using our Pills, prescribed "**Gelatine-Coated Phosphorus Pills, $\frac{1}{2}$ gr.**" intending to have the **McKesson & Robbins** Pills dispensed, but did not perceive the usual effects after administering them to the patient. Upon investigation, he found the Pills resembled ours somewhat in external appearance, but on cutting one open, he found it contained hardly a trace of **Phosphorus**. The doctor went to the druggist, who had dispensed the prescription, and found that, not having our Phosphorus Pills in stock, he had dispensed an imitation; the druggist claimed that he was warranted in so doing, as the physician had not taken the precaution to put the name **McKesson & Robbins** upon his prescription, although the physician had been in the habit of specifying our pills, and the druggist knew it. We have had our attention called to several cases of this character, regarding the Quinine Pills, Morphia Granules and others, when, on failing to obtain results, the physicians have found that they were being imposed upon by imitations; this has induced them to write "**McKesson & Robbins' C. C. Pills**" in full upon their prescriptions and add, "**send no others.**" We have full lines of our Pills in all of the large, and in most of the small cities, and there is no excuse for substituting imitations.

Price Lists furnished upon application. See list of formulas, last page.

Private Formulas, of 3,000 or more Pills, Made and Coated to Order.

McKESSON & ROBBINS, 91 Fulton Street, New York.

ESTABLISHED 1873.

OFFICE OF

JOHN F. JOHNSTON,
MANUFACTURING CHEMIST AND PHARMACIST,
INDIANAPOLIS.

TO THE MEDICAL PROFESSION:

I respectfully invite your attention to the following lines of remedies manufactured by me, giving formulae of a portion of the newest and most important. None but the best materials are used in the manufacture, and *authoritative formulae rigidly adhered to*. Physicians may therefore RELY upon the quality of my preparations. No credit is claimed for inventions or processes unknown to others to give my manufactures superior virtues, but simply a faithful and conscientious use of the drugs employed in QUANTITY AS DIRECTED, manipulated with the utmost care from good materials and by the most approved methods. Many testimonials as to the reliability of my manufactures could be furnished if necessary or advisable to do so; but fearing it would become tedious reading, I will subjoin only the following, begging, however, to state that my preparations were heartily complimented at the meeting of the Indiana State Medical Society at its last session in this city, and by many of the most eminent members individually who have used them extensively:

I had the pleasure of examining a full line of samples of the goods manufactured by John F. Johnston, of Indianapolis, while attending the Tri-States Medical Society at Vincennes, at its last session, and will say that they were heartily endorsed by the Society as well as many of the ablest members. And for myself I think they possess, in the highest degree, the virtues of the drugs they represent.

W. A. SMITH, M. D., Vice-Pres't Tri-States Society.

Newman, Ill., March 19, 1877.

The Purity and Excellence of Drugs---Something We are All Interested In.

Indianapolis Journal, March 17, 1877.

It undoubtedly is a matter of much importance that the prescriptions of our physicians should be filled not only accurately, but that nothing but the most reliable drugs should be used. We therefore take pleasure in inviting the attention of the reader to the subjoined card from one of our most prominent physicians, who has made the science of chemistry a study, and is now a professor of Materia Medica in the Indiana Medical College. Certainly what he says in regard to this subject is entitled to profound consideration, and may be unreservedly relied upon:

"I willingly add my testimony as to the purity and uniformity of all the medical preparations manufactured by John F. Johnston of Indianapolis. I have been using them since they were first introduced, and as superintendent of the City Dispensary have had occasion to observe their effect in a vast number of cases. Having known Dr. Johnston personally for many years, I can vouch for his strict integrity and constant desire to have every article of the strength demanded by the United States Pharmacopeia. And furthermore, he has brought to his aid all the apparatus for making such preparations upon the plans directed by the official boards of medicine and pharmacy of the United States. To all this, his laboratory engages the constant personal attention of well-skilled chemists, who preside over and conduct every portion of the manufacture, from selection of the raw material to the completion of the process. It is with considerable degree of pride that I can boast to my class that in our own State and city we have our medical preparations elaborated of the best material and of strictly official strength, and are not dependent upon foreign manufacture."

W. B. FLETCHER, M. D.,
"Professor Materia Medica, Indiana Medical College."

The within-mentioned line of goods, or any of my manufacture, on being particularly designated, can be obtained of the leading druggists throughout the country.

Full catalogues on application. Correspondence receives prompt attention.

JOHN F. JOHNSTON.

legume **intake**, **interpretations**, **carefully** **and** **accurately** **communicated**? **I** **give** **formal** **and** **detailed** **portion** **of** **the** **handwritten** **assuring** **physicians** **that** **they** **will** **be** **consulted** **to** **clarify** **confidence**

Dose on each Label

PEPSO-PANCREATIN Contains the NATURAL DIGESTIVE and ASSIMILATIVE PRINCIPLE
JOHN F. JOHNSON, Indianapolis

MEDICINAL WINES AND SYRUPS.

Medicinal Wines.

Wine, Antimonial.	Wine, Tar.
Beef.	" Wild Cherry.
Beef and Iron.	" Wild Cherry, Ferrated.
Beef, Iron and Cinchona.	
Catayaya.	
" with Pepsin-Pancreatin.	
Calsaya and Iron.	
Colchicum Root.	
Colchicum Seed.	
Iron, Bitter.	
Pepsin.	

Medicinal Syrups.

Citrate Iron.	Hypophosphite Lime and Soda.
Citrate Iron and Quinia.	Lacto-Phosphate Iron.
Citrate Iron and Strychnia.	Lacto-Phosphate Lime.
Citrate Iron, Quinia and Strychnia.	Lacto-Phosphate Lime and Soda.
Hypophosphites, Churchill's.	Lacto-Phosphate Lime, with Pepsin
Hypophosphites, Comp. (<i>Lime Soda,</i>	Soda and Iron.
<i>Potash and Iron.</i>	Phosphate Iron and Quinia.
Hypophosphite Lime.	Phosphate Iron, Quinia and Strychnia (Same with Pepsin-Pancreatin.)

SPECIALTIES.**JOHNSTON'S LIQUID PEPSO-PANCREATIN AROMATIC.**

Put up in 16-oz. French square Bottles, full measure.

This preparation contains, in an eligible form, Pepsin, Pancreatin, Ptyalin, Lactic and Hydrochloric Acids, both in the liquid and saccharated form; it has met with much favor at the hands of the medical profession, having been used with marked effect in all cases growing out of intestinal and stomachic indigestions, such as **Dyspepsia, Chronic Diarrhea, Headache, Cholera Infantum, Constipation, Nausea, and Anemic cases.**

DOSE—From a teaspoonful to a tablespoonful, in a little water, during or after meals. Sugar may be added if desired, which renders it highly palatable.

SACCHARATED PEPSO-PANCREATIN.

Put up in Ounces.

Contains Pepsin, Pancreatin, Ptyalin, Lactic and Hydrochloric Acids, combined with Sugar of Milk. Same properties and uses as in the liquid form.

DOSE—From two to ten grains after meals, or as the physician may direct.

Above preparations manufactured only by me. Copyright and trade-name secured.

EMULSION OF PURE COD LIVER OIL,
With Pepso-Pancreatin and Hypophosphites of Lime and Soda.

This preparation contains 50 per cent. pure Norwegian Cod Liver Oil, 6 grs. Hypophosphite Lime, 2 grs. Hypophosphite Soda, to a fluid ounce, together with Pepsin, Pancreatin, Glycerine and Hydrochloric Acid.

DOSE—One-half to one teaspoonful three times a day for adults; for children, less, according to age. One hour before or after meals is regarded as the best time to take it. Shake well before using.

Cod Liver Oil, the sovereign remedy for all pulmonary complaints, here has its virtue augmented by the addition of the Hypophosphites of Lime and Soda. This preparation is rendered palatable by the emulsifying process, and when the functions of the stomach are impaired will be easily retained and assimilated, largely through the agency of the **Pepsin** and **Pancreatin** herein combined. It is recommended in cases of a Pulmonary character, Hemorrhage, Loss of Appetite, Cough, Nervous Exhaustion, General Debility and **Emaciation**, and is regarded as exceedingly valuable in all cases where a Scrofulous diathesis exists, as in diseases of the joints, etc. It is with confidence introduced to the medical profession as a valuable and reliable preparation wherever its use is indicated.

Prepared and put up in full half-pound French square flint bottles.

PURE NORWEGIAN COD LIVER OIL.

Put up in 16-oz. French square flint bottles, containing full measure. Physicians can rely upon the purity and freshness of this Oil.

Cod Liver Oil, with Iodine, Bromine and Phosphorus—8-oz. Fr. square bottles, full measure.

Soluble Effervescent Granular Citrate of Magnesia.

This elegant Salt is permanent under all changes of climate. A delightful, refrigerating aperient and tonic, etc.

SOLUTION OF CITRATE OF MAGNESIA,

Or Purgative Mineral Water.

This valuable preparation is well known as an agreeable substitute for Epsom Salts, Seidlitz Powders, and the Saline Cathartics generally.

Aromatic Ext. Jamaica Ginger—Nearly put up in 4-oz. panel bottles, with directions.

Rent Russian Rhubarb, Powdered—From cuttings, very superior to market qualities.

Seidlitz Powders, U. S. P.—Full weight, in the boxes.

Syr. Sarsaparilla Comp., U. S. P.—In 4-oz. bottles.

Syr. Sarsap. Comp., U. S. P., with Iodide Potash—In 1-lb. bottles.

Syr. Sarsap. Comp., U. S. P., with Iod. Potash and Pyrophos. Iron—In 1-lb. bottles. The above are put up in square flint, handsome style, with directions for use, and will be found reliable.

Blackberry Cordial—A prime article. Compounded from approved formulae.

Tasteless Tinct. Iron—Proceeding same from strength as Mur. Tr. Iron, U. S. P., but a far more agreeable article, that can be readily taken by the invalid without injury to the teeth, etc.

Syrup Iodide Iron U. S. P.

Standard Tinctures, etc., etc.

Norris—I keep in stock a complete line of powdered drugs, chiefly powdered by myself from selected articles. Also a full line of **Elective Preparations**, made after standard formulae.

Blistering Paper, Charis Cantharis—Put up in boxes containing ten plasters. Very convenient for physicians' use, and can be relied upon to produce the usual effects.

Mustard Paper, Charis Simplicis—Put up in boxes containing ten leaves. Convenient, reliable and effective pills made and handsomely sugar-coated, to private formulae in lots of 3000 or more. Estimates made on the basis being furnished—all such communications confidential.

If you desire preparations of my make, oblige me by specifying them to your druggist.

Very truly yours,

JOHN F. JOHNSTON,

Indianapolis.

COLLEGE OF PHYSICIANS AND SURGEONS,

(MEDICAL DEPARTMENT OF COLUMBIA COLLEGE,)

Corner of Fourth Avenue and 23d St., New York City.

SEVENTY-FIRST SESSION, 1877-'78.

FACULTY OF MEDICINE.

ALONZO CLARK, M. D., President and Professor of Pathology and Practical Medicine.
WILLARD PARKER, M. D., Professor of Clinical Surgery.
JOHN C. DALTON, M. D., Professor of Physiology and Hygiene.
THOMAS M. MARKOE, M. D., Professor of Surgery.
T. GALLARD THOMAS, M. D., Professor of Obstetrics and the Diseases of Women and Children.
JOHN T. METCALFE, M. D., Emeritus Professor of Clinical Medicine.
HENRY B. SANDS, M. D., Professor of Anatomy.
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CHARLES F. CHANDLER, Ph. D., Professor of Chemistry and Medical Jurisprudence.
EDWARD CURTIS, M. D., Professor of Materia Medica and Therapeutics.

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ABRAHAM JACOBI, M. D., Clinical Professor of Diseases of Children.
FESSENDEN N. OTIS, M. D., Clinical Professor of Venereal Diseases.
EDWARD C. SEGUIN, M. D., Clinical Professor of Diseases of the Mind and Nervous System.
GEO. M. LEFFERTS, M. D., Clinical Professor of Laryngoscopy and Diseases of the Throat.
CHAS. McBURNEY, M. D., Demonstrator of Anatomy.
CHAS. KELSEY, M. D., Ass't Demonstrator of Anatomy.

FACULTY OF THE SPRING SESSION.

JAMES L. LITTLE, M. D., Lecturer on Operative Surgery and Surgical Dressings.
GEORGE G. WHEELOCK, M. D., Lecturer on Physical Diagnosis.
ROBERT F. WEIR, M. D., Lecturer on Diseases of the Genito-Urinary Organs.

MATTHEW D. MANN, M. D., Lecturer on the Microscope as an Aid to Diagnosis.
H. KNAPP, M. D., Lecturer on Diseases of the Eye and Ear.
T. A. MCBRIDE, M. D., Lecturer on Symptomatology.

The COLLEGiate YEAR embraces a special Spring and a regular Winter Session, attendance at the latter only being required for the graduating course. The Spring Session begins near the middle of March, and continues till June 1st. The Regular Winter Session for 1877-'78 begins Monday, October 1st, and continues till March, when the College Commencement is held.

TUITION is by the following methods: I. DIDACTIC LECTURES, WITH DEMONSTRATIONS. During the Winter Session, from five to six lectures are given daily by the Faculty, on the seven general branches of medical science. Attendance obligatory. Fees, \$20 for the course on each branch, or \$140 for the entire curriculum. During the Spring Session, two lectures are given daily by the Faculty of the Spring Session. Fees, each branch, \$5, or \$30 for the whole. II. CLINICAL TEACHING. This important subject receives the fullest attention. Ten clinics, covering all departments of medicine and surgery, are held weekly throughout the entire year in the College Building. In addition, the Faculty, being strongly represented on the staffs of the larger City Hospitals and Dispensaries (such as the Bellevue, Charity, and Roosevelt Hospitals, the N. Y. Eye and Ear Infirmary, etc.) give daily systematic clinical lectures in one or more of these institutions, as a regular feature of the college curriculum. Attendance at clinics is optional and without extra charge. III. RECITATIONS are held daily throughout both sessions, by a corps of examiners. Attendance optional. Fees, Winter Session, \$10; Spring Session, \$30; Collegiate Year, \$60. IV. PERSONAL INSTRUCTION—Practical Anatomy is taught from October to May, and every student is expected to dissect. Fee, \$10, good for a collegiate year. Cases of Obstetrics are furnished to advanced students without charge. Personal instruction in Operative Surgery, Minor Surgery, Physical Diagnosis, Ophthalmology, Otology and Laryngoscopy, is also given by special instructors for moderate fees. Attendance optional.

EXPENSES.—The necessary collegiate expenses are a yearly matriculation fee (\$5, good for a collegiate year), and the fees for the lectures of the Winter Session (\$20 for the course on each branch, or \$140 for the entire curriculum). A Graduation Fee of \$30 is also charged. The graduating course requires three years' study, and attendance upon two courses of lectures on each of the seven branches of the winter curriculum. Remissions and reductions of lecture fees are made to graduates, theological students, and students who have already attended two full courses. All fees are payable in advance. Board can be had for from \$6 to \$9 a week, and the Clerk of the College will aid students in obtaining the same.

For the Annual Catalogue and Announcement, or for further information, address JOHN G. CURVIS, M. D., Secretary of the Faculty, College of Physicians and Surgeons, corner of Twenty-Third Street and Fourth Avenue, New York. No. 91—3m

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SESSION OF 1877-8.

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J. L. THOMPSON, M. D.

Professor of Diseases of the Eye and Ear.

JOSEPH EASTMAN, M. D.

Assistant to Chair of Surgery and Demonstrator of Anatomy.

A. O. LAWRENCE, M. D.

Assistant to Chair of Materia Medica, Therapeutics and Analytical Chemistry.

 The Session of 1877-78 will commence October 4, 1877, and terminate February 28, 1878.

F E E S.

Hospital Ticket	\$5 00	Demonstrator's Ticket.....	\$10 00
Professors' Tickets.....	40 00	Student's Laboratory.....	5 00
Matriculation	5 00	Graduation Fee	25 00

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 L. P. YANDELL, JR., M. D.....Professor of Therapeutics and Clinical Medicine.
 E. R. PALMER, M. D.....Professor of Physiology and Physical Diagnosis.
 T. S. BELL, M. D.....Prof. Science and Prac. of Med. and Public Hygiene.
 JOHN E. CROWE, M. D.....Prof. of Obstetrics and Diseases of Women and Children.
 J. W. HOLLAND, M. D'.....Professor of Materia Medica and Medical Chemistry.
 D. W. YANDELL, M. D.....Prof. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
 R. O. COWLING, M. D.....Prof. of Surgical Pathology and Operative Surgery.
 W. O. ROBERTS, M. D.....Demonstrator of Anatomy.

F E E S .

Professors' Tickets, in full.....	\$50 00	Matriculation Fee.....	\$ 5 00
Demonstrators' Ticket.....	10 00	Graduation Fee.....	30 00
Hospital Ticket (required by City), \$5 00.			

The regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

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The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1877-1878 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, October 8, 1877, and end about the first of March, 1878.

FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,

Emeritus Prof. of Surgery.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine
and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases
of the Genito-Urinary System, and
Clinical Surgery.

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locations, and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

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Children, and Clinical Midwifery.

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the Regular Winter Session, in addition to four didactic lectures on every week-day except
Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term con-
tinues from the first of March to the first of June. During this Session daily recitations
in all the departments are held by a corps of examiners appointed by the regular Faculty.
Regular clinics are also given in the Hospital and College building.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$5 00
Recitations, Clinics, and Lectures.....	35 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the
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L. FIRESTONE, M. D.	D. B. SMITH, M. D.
W. J. SCOTT, M. D.	H. W. KITCHEN, M. D.
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Medical Department, Twenty-Fifth Session 1878.

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WALTER CARPENTER, M. D., Burlington, Vt., Professor of the Theory and Practice of Medicine; Physician in Chief to Mary Fletcher Hospital.	MARSHALL CALKINS, A. M., M. D., Springfield, Mass., Professor of Physiology and Microscopic Anatomy.
JOHN ORDRONAUX, M. D., LL. D., New York City, Emeritus Professor of Medicul Jurisprudence.	JAMES L. LITTLE, M. D., New York City, Professor of the Principles and Practice of Surgery; Surgeon in Chief to Mary Fletcher Hospital.
WILLIAM DARLING, A. M., M. D., F. R. C. S., New York City, Professor of General and Special Anatomy.	GEORGE S. SMYTH, Ph. D., University Professor of Chemistry and Toxicology.

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WILLIAM A. HAMMOND, M. D., New York City, Professor of Diseases of the Mind and Nervous System.	Consulting Physician to Mary Fletcher Hospital.
ROBERT W. TAYLOR, M. D., New York City, Professor of Diseases of the Skin.	STEPHEN M. ROBERTS, M. D., New York City, Professor of Diseases of Children.
A. P. GRINNELL, M. D., Burlington, Vt., Professor of Diseases of the Heart and Lungs; Attending Physician to Mary Fletcher Hospital.	EDWARD S. PECK, A. M., M. D., Burlington, Vt., Professor of Diseases of the Eye and Ear.
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Consisting of TENDER, RAW, LEAN BEEF, desiccated in vacuum, combined with CARBON as an antiseptic, and medicated with HYPOPHOSPHITES OF LIME, SODA, and POTASSA with CINCHONA. A medicated, nourishing food, pleasant to take and easily digested, for the cure of

Consumption, Chronic Dysentery, and Exhausted Conditions consequent upon Typhus and Typhoid Fevers, Typhoid Pneumonia, Diphtheria. General Debility, Nervousness, and Prostration from whatever cause.

In presenting this to the Medical Practitioners of the United States, we scarcely deem it necessary to extol the efficacy of which they must determine by actual trial. We believe, as Pharmaceutical Chemists, that we have overcome a difficulty by making this preparation of fresh meat stable under all circumstances; while, at the same time, it is potent, efficacious, and palatable.

WILLIAM R. WARNER & CO.,

1228 MARKET STREET, PHILADELPHIA,

McKESSON & ROBBINS' GELATINE-COATED PILLS.

We take occasion to thank the profession and trade, for their patronage of our Gelatine-Coated Pills, and request a continuance of the same. Full lines of our Pills have been established in all the large centres of trade, and in many of the smaller cities. To those living in remote places we will be happy to mail any formulas on our list, not procurable nearer home, at an expense of about 2 cents per 100.

We regret to announce that our attention has been called to several instances where other pills have been substituted by druggists when ours were desired, and even specified, by the physician. We believe that such instances are rare, but in some cases physicians have notified us of such breach of honor in the druggist.

SPECIFY McKESSON & ROBBINS'.

Reduction in Price of McKesson & Robbins' Quinine Pills. Send for List.

RELIABILITY.—We have expended much attention and money in perfecting our machinery, to insure exactness and uniformity of the masses and pills, and have engaged superior analytical ability, to guarantee quality of ingredients. Every drug and chemical used in manufacture is carefully tested. Take, for example, our Quinine Pills. Every lot of sulphate of quinine, whether manufactured by ourselves or purchased in foreign or home markets, is accurately analyzed, and every deficiency in percentage is made up by adding quinine to our mass, and reducing the excipient in the same proportion, thus insuring the full amount of pure sulphate of quinine in each pill, as represented on label. As secrecy is generally observed in the manufacture of sulphate of quinine, it may not be generally known, that, incidental to a portion of the process, it is almost impossible to prevent more or less of the other alkaloids remaining in the salt in the form of sulphates; although our best brands contain a very small percentage and nearly all are free from cinchonina, which is easily separated; hence the necessity of making Quinine Pills only after an accurate analysis of the quinine used, and proper adjustment of the mass. To prove correctness in the synthesis, the first of every month, all sizes of our Quinine Pills are analyzed. The same care is observed with the scammony, aloes, etc., which we use in our Cathartic Pills.

COATING.—The coating of McKesson & Robbins' Pills is applied by a special process, and differs from all others in the fact that it is continuous, air-tight, and not porous, which are very important considerations in many delicate preparations, as phosphorus, phosphorus and iron, and other compounds. By this coating, the mass is perfectly protected from exposure to the air, which is not the case with sugar-coated, compressed, or so-called soluble pills.

SOLUBILITY.—The solubility of our coating and pills, may be readily and practically attested, by the administration of a dose of some formulas which are positive in their action, as cathartic, quinine, etc. The Gelatine we use (the same as is employed in making jelly for the sick) is quickly soluble in the stomach, at the same time it protects the mass from the air before being administered, and prevents the taste of the ingredients from being communicated to the mouth of the patient, before swallowing.

SHAPE.—It must be granted that the capsule or spheroidal shape is the form best adapted to the throat, and that the gelatine completely covers the taste, and renders the pill capable of being easily swallowed by the patient and accepted by the stomach, without nausea—important desiderata to the patient.

PERMANENCE.—The question whether McKesson & Robbins' Gelatine-Coated Quinine Pills will remain unaffected in warm, damp climates, seems to be satisfactorily answered in the following abstract of a letter from Aspinwall:

"Messrs. McKESSON & ROBBINS.

"Gentlemen.—Almost everything perishes rapidly in this terrible climate, but your Gelatine-Coated Pills in bottles keep remarkably well. The dampness does not appear to have the least effect upon them, as long as they are kept in bottles.

"They are very popular here with those who dislike the intense bitterness of Quinine.

Yours respectfully,

"COMMISSARY DEPARTMENT,
PANAMA RAILROAD, ASPINWALL, U. S. C.

"THOS. M. CASH, Commissary."

PRICE LISTS AND SAMPLES FURNISHED UPON APPLICATION.

PRIVATE FORMULAS OF 3,000 OR MORE PILLS, MADE AND COATED TO ORDER.

COLOR OF QUININE PILLS.—In reply to inquiries in regard to Change in Color of our QUININE PILLS, we beg to state that the change is due to our using PURE WHITE SULPHATE OF QUININE, instead of UNBLEACHED of the guaranteed standard of 90% Sulphate of Quinine as formerly, (the custom having been to employ 111 ounces of Unbleached Quinine, in place of 100 ounces of White Quinine.) This change to White has been made to avoid misrepresentation. The mass of our Pills has also been greatly improved, in appearance and solubility, by the use of our new excipient.

Very respectfully,

McKESSON & ROBBINS,
Wholesale Druggists and Manufacturing Chemists,
91 FULTON STREET, NEW YORK.

MCKESSON & ROBBINS' PILLS AND GRANULES,

OF THE

U. S. PHARMACOPIA & OTHER RELIABLE FORMULAS,

CELATINE-COATED,

Process and Machinery Patented,

91 & 93 Fulton, 80, 82 & 84 Ann Sts., N. Y.



NEW THERAPEUTICAL NOTES.

CHARCOAL, WILLOW, 5 grs.

The value of pure powdered Willow Charcoal in Dyspepsia, Indigestion and all affections arising from derangements of the stomach, such as Headache, Heartburn, &c., is well known. Its value must necessarily be much increased, since it is, for the first time, presented in a convenient, reliable and unobjectionable form, in our Gelatine-Coated Pills.

IRON, DIALYSED, 2 grs.

Made from Merck's scales or plates of Dialysed Iron, and, about 20 times the strength of the Solutions in market.

SALICIN, 2½ and 5 grs.

Salicin is becoming more and more favorably known in the treatment of Rheumatic affections, also as a Tonic, Astringent, and Anti-Periodic, and is best exhibited in our Gelatine-Coated Pills. In Acute Rheumatism, Salicin has been found very efficacious, and according to "The Lancet," not less certain, than Quinine is for the Ague. In large doses, it has been claimed to be an absolute specific in Corneitis (suppurative). Price, reduced.

MONOBROMATED CAMPHOR, 2 and 3 grs.

Is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in Infantile Convulsions from teething; Hysteria; Headache from over study or nervousness, and Nymphomania. (Dose, 3 to 4 grs.)

CALCIUM, SULPHIDE, 1-10 gr.

Strongly recommended "in cases of Scrofulous and other unhealthy sores, Glandular Enlargement, Boils occurring in crops, &c." In many skin diseases, it is strongly indicated, being not only Anti-parasitic and Anti-herpetic, but also stimulant and tonic.

An eminent physician, who has given much attention to the use of Sulphide of Calcium and cites several very interesting cases of cures of Abscesses, through its medium. In his words: "The Sulphide of Calcium is indicated in Scrofulous and unhealthy sores and Glandular Enlargements, in Boils appearing in crops, and in carbuncles—in any diathesis with a tendency to Abscesses with suppuration."

CERIUM, OXALATE, 1 gr.

Used as a remedy in the sick stomach of pregnant women, and in the vomiting of pregnancy, as well as in Phthisis, Hysteria, Pyrosis and Atonic Dyspepsia. (Dose, 1 to 3.)

PHOSPHORUS, 1-100, 1-50, 1-30, 1-20, 1-12 gr.

The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state; while sugar, owing to its crystalline nature, is very porous, and will admit of rapid change in substances, of a delicate character, covered with it. We have the Phosphorus in state of solution in the excipient we employ, thus insuring a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, McKesson & Robbins' Pills, $\frac{1}{10}$, $\frac{1}{50}$ & $\frac{1}{100}$ gr.

PHOSPHORUS COMPOUND AND IRON, McKesson & Robbins' Pills.

Very drug and chemical used in McKesson & Robbins' Pills are thoroughly tested by a competent chemist.

THERAPEUTICAL NOTES ON SOME SPECIALTIES IN McKESSON & ROBBINS' G. C. PILLS.

ERCOTIN PILLS, 3 grs.

We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains, in the most potent form, all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the fluid preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynaecology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one-ounce bottles.

COCA EXTRACT, 1 gr.

McKesson & Robbins' Solid Extract, made from freshly imported leaves, is used in these pills. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the physician to judge correctly of the value of this remedy. Coca Erythroxylon is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration, accompanying its use, is said not to be followed by any depressing effects.

JABORANDI EXTRACT, 3 grs.

Made of McKesson & Robbins' Solid Extract. These pills present a much better and more acceptable form of administering this powerful Diaphoretic and Sialagogue, than any of the liquid preparations. Valuable in Rheumatism and all Syphilitic troubles of long standing. (Dose, 1 to 3.)

PHOSPHIDE ZINC, 1-6, 1-4 and 1-2 gr.

The Phosphide of Zinc has been very successfully used by Drs. Hammond (see Dr. H.'s last book), Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia (see paper by Dr. Adolphus, St. L. Med. Jour., XIII. 471). P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

SANDAL WOOD EXTRACT, 1 and 2 grs.

These pills contain both the oil and resin existing in Sandal Wood, are believed to be superior to the oil alone, and are more convenient of administration. The Extract is manufactured from the wood, in our laboratory.

SOLIDIFIED COPAIBA, WITH OLEO-RESIN CUBEB PILLS, 3 and 5 grs.

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

QUININE, SULPHO-CARBOLATE, 1, 2 and 3 grs.

This salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of Fever and Ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

PHYSICIANS' POCKET CASES FOR PILLS.

Having received many inquiries for our Gelatine-Coated Pills and Granules put up in a form convenient for practitioners, and, not finding any of the ready-made pocket cases in market desirable, we have devised a number of forms and sizes of our own. The number and variety of the formulas of our Pills, together with their ready solubility have, to a great extent, obviated the necessity of carrying the bulky medicine chest, with its solution and powders.

Circular, with cuts and prices, mailed upon application.

MCKESSON & ROBBINS' GRANULES.

ACONITIA,	.....	1-60 gr.
ARSENIOUS ACID,	.....	1-50, 1-40, 1-30, 1-20 gr.
ATROPIA,	.....	1-60 gr.
BELLADONNA EXTRACT,	.....	1-4 gr.
CALCIUM, SULPHIDE,	.....	1-10 gr.
CODEIA,	.....	1-16, 1-5 gr.
CORROSIVE SUBLIMATE,	.....	1-40, 1-30, 1-20 gr.
DICITALIA,	.....	1-60 gr.
MERCURY, BIN-IODIDE,	.....	1-25, 1-16 gr.
MERCURY, PROTO-IODIDE,	.....	1-5, 1-4, 1-2 gr.
MORPHIA, ACETATE,	.....	1-8, 1-4 gr.
MORPHIA, SULPHATE,	.....	1-16, 1-10, 1-8, 1-6, 1-4 gr.
MORPHIA, VALERIANATE,	.....	1-8 gr.
PODOPHYLLIN,	.....	1-8, 1-4 gr.
QUINIA,	.....	1-2, 1-4 gr.
STRYCHNIA,	.....	1-60, 1-40, 1-30 gr.
SULPHUR, IODIDE,	.....	1-25, 1-10 gr.
TARTAR EMETIC,	.....	1-100, 1-20, 1-4 gr.
ZINC, PHOSPHIDE,	.....	1-6, 1-4, 1-2 gr.

Physicians have experienced the need of a reliable and more pleasant form for administering these more potent remedies. The want of reliability, as exhibited in the Granules of the market by the varying action following their administration, has caused them to be avoided—and very justly—by most practitioners, who have preferred rather to use solutions, and trust to the custom of dropping, or using a teaspoon to measure their portions, although nearly as uncertain, owing to great difference in the sizes of teaspoons, and the fact that drops vary with the conditions and form of surface, from which they flow.

In our preparations, we have taken special precautions by enforcing our system of checking the weights, and, at large expense, have had our machines for division of the substances so carefully and correctly constructed, as to insure an exactness never before maintained in this class of preparations. We can, therefore, afford assurance to physicians of correct weight and perfect division. Our Granules have been appreciated and are being extensively used by the profession. Be careful and see that "McKesson & Robbins" is on the label.

A physician in St. Louis, who has for some time been using our Pills, prescribed "**Gelatine-Coated Phosphorus Pills, $\frac{1}{2}$ gr.**" intending to have the **McKesson & Robbins** Pills dispensed, but did not perceive the usual effects after administering them to the patient. Upon investigation, he found the Pills resembled ours somewhat in external appearance, but on cutting one open, he found it contained **hardly a trace of Phosphorus**. The doctor went to the druggist, who had dispensed the prescription, and found that, not having our Phosphorus Pills in stock, he had dispensed an imitation; the druggist claimed that he was warranted in so doing, as the physician had not taken the precaution to put the name **McKesson & Robbins** upon his prescription, although the physician had been in the habit of specifying our pills, and the druggist knew it. We have had our attention called to several cases of this character, regarding the Quinine Pills, Morphia Granules and others, when, on failing to obtain results, the physicians have found that they were being imposed upon by imitations; this has induced them to write "**McKesson & Robbins' C. C. Pills**" in full upon their prescriptions and add, "**send no others.**" We have full lines of our Pills in all of the large, and in most of the small cities, and there is no excuse for substituting imitations.

Price Lists furnished upon application. See list of formulas, last page.

Private Formulas, of 3,000 or more Pills, Made and Coated to Order.

McKESSON & ROBBINS, 91 Fulton Street, New York.

UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1878.

The Spring and Summer Session of 1878 in the Medical Department of the University of Louisville will commence on March 5th and continue till June 1st, with the following

CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin,	BY PROF. L. P. YANDELL, JR.
On Diseases of the Eye and Ear,	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology,	BY PROF. E. R. PALMER.
On Public Hygiene,	BY PROF. T. S. BELL.
On Clinical Diseases of Women,	BY PROF. JOHN E. CROWE.
On Clinical Surgery,	BY PROF. D. W. YANDELL.
On Nervous Maladies and Electrotherapy,	BY PROF. J. W. HOLLAND.
On Surgery,	BY PROF. R. O. COWLING.
On Practice of Medicine,	BY DR. W. O. ROBERTS.
On Anatomy and Physiology,	BY DR. H. A. COTTELL,
Chemistry and Materia Medica,	WORK IN LABORATORY.
On Obstetrics,	BY DR. W. H. LONG.
On Diseases of Children,	BY DR. R. B. GILBERT.
On Diseases of the Eye and Ear,	BY DR. W. CHEATHAM.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the textbooks, it being the desire of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the MUSEUM, LIBRARY and APPARATUS of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for many years of number. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week; Prof. JOHN E. CROWE twice a week, upon the Diseases of Women; Prof. L. P. YANDELL, Jr., twice a week, upon Clinical Medicine; Prof. BODINE twice a week, upon Diseases of the Eye and Ear; Prof. PALMER twice a week, upon Diseases of the Heart and Lungs; Prof. COWLING twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degrees of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.,
Dean of University Summer School,
263 W. Walnut St., LOUISVILLE.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids*.

Much attention has been given to this subject in Europe and India.
The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION,—a combination which in practice is *preferable to perfect isolation or separation of these alkaloids.*

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians :—

1st, It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless*. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly*: the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say :—

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found and hereby certify that I found these alkaloids in it to contain quinine, quinidine, cinchonine, cinchonidine.
F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO,
Feb. 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative ex-

amination for quinine, quinidine, and cinchonine, and hereby certify that I found these alkaloids in CINCHO-QUININE.

C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quinidine, cinchonine, and cinchonidine.

S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation that it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, Mo., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate. DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.

DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, Mo., April, 1875.
"I regard it as one of the most valuable additions ever made to our materia medica.

GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the combination of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.
"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY,
908 East Cumberland St., Philadelphia, Penn.,
Feb. 29, 1876.

"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.

"F. A. GAMAGE, M.D."

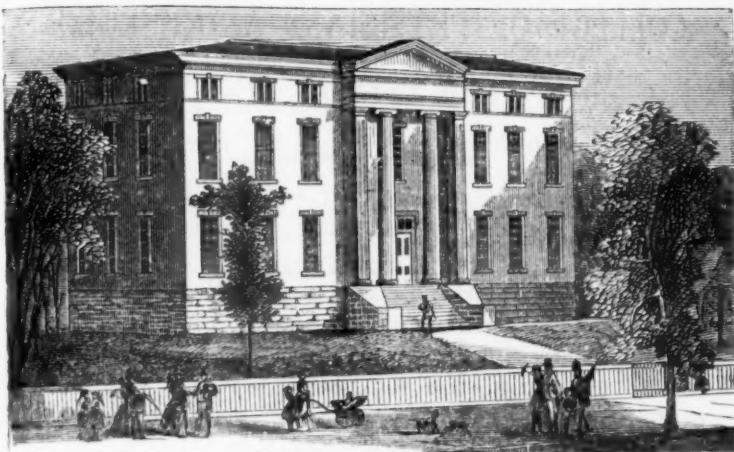
Price-Lists and Descriptive Catalogues furnished upon application.

BILLINGS, CLAPP & CO., Manufacturing Chemists,

(SUCCESSORS TO JAMES R. NICHOLS & CO.)

BOSTON, MASS.

UNIVERSITY OF LOUISVILLE.



MEDICAL DEPARTMENT.

Corner of Eighth and Chestnut Streets.

FORTY-SECOND ANNUAL SESSION.

FACULTY.

- J. M. BODINE, M. D.....Prof. of Anatomy and the Operative Surgery of the Eye.
L. P. YANDELL, JR., M. D.....Professor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. D.....Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.....Prof. Science and Pract. of Med. and Public Hygiene.
JOHN E. CROWE, M. D.....Prof. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....Prof. of Materia Medica and Medical Chemistry.
D. W. YANDELL, M. D.....Prof. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
R. O. COWLING, M. D.....Prof. of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.....Demonstrator of Anatomy.

FEE S.

Professors' Tickets, in full.....	\$50 00	Matriculation Fee.....	\$ 5 00
Demonstrators' Ticket.....	10 00	Graduation Fee.....	30 00
Hospital Ticket (required by City), \$5 00.			

☞ The regular Session will commence on the first Monday in October, and continue until the 1st of March.

☞ A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

☞ For the Annual Circular containing full particulars, address

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J. W. HOLLAND, M. D., Sec'y of Faculty.

COLLEGE OF PHYSICIANS AND SURGEONS

OF INDIANA.

SESSION OF 1877-8.

—:-:—

FACULTY.

GRAHAM N. FITCH, M. D.

Professor of the Science and Art of Surgery and Clinical Surgery.

THEOPHILUS PARVIN, M. D.

Professor of Obstetrics and Diseases of Women and Children.

R. N. TODD, M. D., President of Faculty.

Professor of the Principles and Practice of Medicine and Clinical Medicine.

ISAAC C. WALKER, M. D.

Professor of Diseases of the Mind and Nervous System, and Clinical Medicine.

JOHN E. LINK, M. D.

Professor of Descriptive and Surgical Anatomy.

R. E. HAUGHTON, M. D.

Professor of Physiology and Clinical Medicine.

HENRY JAMESON, M. D., Secretary of Faculty.

Professor of Materia Medica, Therapeutics and Analytical Chemistry.

J. L. THOMPSON, M. D.

Professor of Diseases of the Eye and Ear.

JOSEPH EASTMAN, M. D.

Assistant to Chair of Surgery and Demonstrator of Anatomy.

A. O. LAWRENCE, M. D.

Assistant to Chair of Materia Medica, Therapeutics and Analytical Chemistry.

 The Session of 1877-78 will commence October 4, 1877, and terminate February 28, 1878.

F E E S .

Hospital Ticket	\$5 00	Demonstrator's Ticket.....	\$10 00
Professors' Tickets.....	40 00	Student's Laboratory.....	5 00
Matriculation	5 00	Graduation Fee	25 00

Apply for Annual Circular or further information to

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DR. HENRY JAMESON,
No. 35 East Market Street, Indianapolis, Ind.

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK,

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, October 2, 1878, and end about the first of March, 1879.

FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Prof. of Surgery.FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine
and Clinical Medicine.WILLIAM M. POLK, M. D.,
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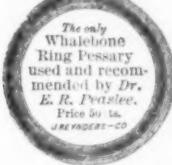
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Sole Proprietor and Manufacturer of the above, to whom all special communications should be addressed.

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Our Stock comprises a full assortment of Surgical Instruments in all its various branches, and to which we add constantly new inventions, approved of by the Profession here and elsewhere.

APPARATUS for all kinds of human deformities we make with all the latest improvements, as recommended by the best authorities.

An experience of over 40 years as a practical Instrument-maker, together with the reputation enjoyed by us for so many years, will serve as a guarantee that all orders will be promptly and satisfactorily executed.

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And all articles usually kept in a first-class Drug-house.

Our stock is large, and in variety and detail not surpassed by any house in the country, and which we are prepared to sell as low as any Western house. Orders respectfully solicited. All articles warranted as represented.

No. 49—



FIG. 1 represents apparatus outside on the left foot, with a movable pad to use more or less pressure over the arch of the metatarsal bones.

FIG. 2 represents apparatus applied with the extension made, and the ball of the big toe resting against the metal plate.

FIG. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

This shoe gives ample facilities to manipulate the foot gradually from the slightest turn to the heaviest lever, and at the same time obviates all former difficulties experienced from straps, either by buckling too tight or too loose. Should extension for tendo-achillis be necessary, if mentioned, the usual rubber cords will be attached.

CUT THIS OUT AND SEND IT.

The following measures are required for the steel work :

INCHES.
Length from sole to center of ankle.....
Length from sole to garter.....
Circumference of calf.....
Circumference of ankle.....

Right or left foot, or both.

The other measure for the shoe only may be taken by a shoemaker ; a ,
Length of foot.....
Circumference around toes.....
Circumference around instep
Circumference over heel.....
Circumference above ankle.....

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No. 61—

University of Pennsylvania, Medical Department.

118th ANNUAL SESSION, 1878-79.

The Higher plan of Medical Education is now enforced, requiring attendance upon three graded courses of five months each. Didactic instruction is increased. Bedside instruction of each student in Physical Diagnosis, Clinical Medicine and Surgery, and Gynecology, is provided. The Clinical and Laboratory facilities are unrivaled in America. Pharmacy, Analytical and Medical Chemistry, Histology, Normal and Morbid Anatomy, and Operative Surgery, are taught practically. A Dental Department has recently been instituted.

For particulars, see ANNOUNCEMENT, for which address

JAMES TYSON, M. D., Secretary,

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101-6m

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OUR STOCK OF SURGICAL INSTRUMENTS AND APPLIANCES is the largest in the city, and we guarantee the quality and finish to be perfect. We have in stock a full line of Drugs, Medicines, Chemicals, and all the new and important Remedial and Medicinal Preparations. We desire to call the attention of the profession to our

Elixir Grindelia robusta,

the great anti-spasmodic and specific for Asthma, Coughs, Bronchial Troubles, etc. Each fluid-drachm represents 16 grains of the drug. Orders solicited from physicians, and goods sent C. O. D., and can be examined before remitting.

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FOR PHYSICIANS AND SURGEONS.

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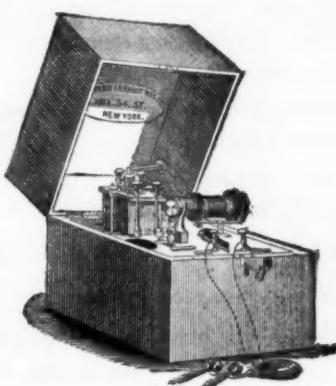
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ANNUAL ANNOUNCEMENT AND CIRCULAR,

1877-78.

The Reading and Recitation Term will commence October 4, 1877, and close February 14, 1878. The Regular Term will open March 5, 1878, and close the last week in June following.

FACULTY OF THE COLLEGE—Daniel Ayres, M. D., LL. D., Emeritus Professor of Surgery; Samuel G. Armor, M. D., LL. D., Professor of the Practice of Medicine and Dean; George W. Plympton, A. M., Professor of Chemistry; Alexander J. C. Skene, M. D., Professor of Diseases of Women and Children; Corydon L. Ford, M. D., Professor of Anatomy; Jarvis S. Wight, M. D., Professor of Surgery and Registrar; Joseph H. Raymond, M. D., Professor of Physiology; Edward Seaman Bunker, M. D., Professor of Obstetrics; John D. Rushmore, M. D., Professor of Materia Medica.

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PURE COD LIVER OIL
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HYPOPHOSPHITES OF LIME AND SODA
PERFECT, PERMANENT, PALATABLE.**

MESSRS. SCOTT & BOWNE:

Gentlemen:—I have used the Emulsified Cod Liver Oil and Hypophosphites prepared by you, and have been much gratified with its results.

T. S. BELL, Louisville, Ky.

MESSRS. SCOTT & BOWNE:

For the last fifteen months I have used your Cod Liver Oil Emulsion, both in hospital and in private practice, and have been greatly pleased with its effects. It is better borne, and can be taken for a longer time, than any other preparation of Cod Liver Oil. In Children's Diseases I have found it especially valuable.

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Superior to and safer than artificially Aerated Waters, which are apt to be contaminated with mineral poison or vegeto-animal impurities.

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Most grateful and refreshing—far superior to Seltzer Water. Of great value in the treatment of chronic, bronchial and gastric catarrhs.

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Far superior to Vichy, Seltzer or any other mineral water, alone, or mixed with wine. Especially useful in dyspepsia, and lithic or oxalic acid diathesis.

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Useful as a very agreeable drink and as a medicinal agent.

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Healthful as well as agreeable. Well suited for dyspepsia and cases of acute disease.

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Delightful beverage, and of great value in dyspepsia and acid stomach.

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By far the most agreeable of all mineral waters as a beverage for the table, alone or mixed with wines. Useful in catarrhs of stomach or bladder, and in gout.

DR. R. OGDEN DOREMUS.

Absolutely pure, wholesome and pleasant. Superior to all others as a daily beverage. Entirely free from the organic impurities which contaminate our Croton Water, and the supplies of many cities and rural districts, and from the metallic poisons which, at times, render aerated waters magazines of disease.

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A very pleasant effervescent beverage, much superior to the "Seltzer Water," mildly antacid—agrees well with dyspeptics and where there is a gouty diathesis.

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Must tend to correct the errors of digestion to which persons of slow digestion and a gouty habit are peculiarly liable, and which are apt to lead to disorder of the liver and calculous complaints.

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EVERY GENUINE BOTTLE BEARS THE YELLOW LABEL.

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PHOSPHORUS PILLS.

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The method of preparing Phosphorus in pilular form has been discovered and brought to perfection by us. The element is in a perfect state of subdivision and incorporated with the excipient while in solution. A NON-POROUS coating of sugar protects it thoroughly from oxidation, so that the pill is not in the least impaired by age. See our complete list of Pil: Phosphori with combinations. Specify **WARNER & CO.** when prescribing, and order in bottles of one hundred each, when practicable.

Boston Medical and Surgical Journal, January 22, 1874.

"Messrs. EDITORS:

"I have several times had occasion to prescribe Phosphorus, and have written for **WARNER'S** 1-50 grain each. At least three apothecaries have given instead of **WARNER'S** 1-50 grain, ————— 1-60 grain. As there is a great difference in the pills manufactured by these parties, there need be no such mistake, and it could only have been intentional on the part of the apothecaries, who probably did not have **WARNER'S**.

———— is made up with a dark brownish colored mass, with no odor or taste of Phosphorus, or with only a very faint taste. In some carefully analyzed no Phosphorus was found. **WARNER'S** pill is made from a whitish mass, with a *very decided odor of Phosphorus*; indeed, the pills containing the 1-100 grain smell more strongly than the 1-80 grain manufactured by the other parties.

"Apothecaries, please send our patients the medicine ordered, in justice to the patients and to ourselves. Physicians, examine the medicines procured by your patients, and if not right have the error corrected."

CAUTION.—Order in bottles of one hundred, and specify **WARNER & CO.**

SUPERIOR TO PEPSIN OF THE HOG.

INGLUVIN

FROM THE

Ventriculus Callosus Gallinaceus.

A specific for VOMITING IN PREGNANCY, a potent and reliable remedy for the cure of INDIGESTION, DYSPEPSIA, and SICK STOMACH, caused from debility of that organ. It is superior to the Pepsin Preparations, since it acts with more certainty, and effects cures where they fail.

"A New Remedy, INGLUVIN."

By A. F. SHELLY, M.D., of Philadelphia.

"This is obtained from the gizzard of the domestic fowl (chicken), and is a *Specific for Vomiting in Pregnancy*. I have used this remedy for twenty-five years, and it has never failed. It is also the most powerful and reliable remedy for the Cure of Indigestion, Dyspepsia, and Sick Stomach, caused from debility of that organ. It is useful in all cases where pepsines and pancreatines are used, but with much more certainty of good results.

"In complicated affections of the Stomach, such as Inflammation, Gastralgia, Pyrosis, etc., it may be combined with Subnitrate of Bismuth and opiates; and in Diarrhoea and Cholera Infantum, with astringents, both vegetable and mineral. I have given the article to several prominent physicians, who have used it with the happiest results, among whom I may mention Prof. E. WALLACE, of the Jefferson Medical College."

AN EFFICIENT REMEDY AND AN AGREEABLE SUBSTITUTE FOR COD LIVER OIL.

PROF. TROUSSEAU'S CARBONIZED

FRESH MEAT CURE.

Consisting of TENDER, RAW, LEAN BEEF, desiccated in vacuum, combined with CARBON as an antiseptic, and medicated with HYPOPHOSPHITES OF LIME, SODA, and POTASSA with CINCHONA. A medicated, nourishing food, pleasant to take and easily digested, for the cure of

Consumption, Chronic Dysentery, and Exhausted Conditions consequent upon Typhus and Typhoid Fevers, Typhoid Pneumonia, Diphtheria. General Debility, Nervousness, and Prostration from whatever cause.

In presenting this to the Medical Practitioners of the United States, we scarcely deem it necessary to extol the efficacy of which they must determine by actual trial. We believe, as Pharmaceutical Chemists, that we have overcome a difficulty by making this preparation of fresh meat stable under all circumstances; while, at the same time, "is potent, efficacious, and palatable.

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McKESSON & ROBBINS'
GELATINE-COATED PILLS.

We take occasion to thank the profession and trade, for their patronage of our Gelatine-Coated Pills, and request a continuance of the same. Full lines of our Pills have been established in all the large centres of trade, and in many of the smaller cities. To those living in remote places we will be happy to mail any formulas on our list, not procurable nearer home, at an expense of about 2 cents per 100.

We regret to announce that our attention has been called to several instances where other pills have been substituted by druggists when ours were desired, and even specified, by the physician. We believe that such instances are rare, but in some cases physicians have notified us of such breach of honor in the druggist.

SPECIFY MCKESSON & ROBBINS'.

Reduction in Price of McKesson & Robbins' Quinine Pills. Send for List.

RELIABILITY.—We have expended much attention and money in perfecting our machinery, to insure exactness and uniformity of the masses and pills, and have engaged superior analytical ability, to guarantee quality of ingredients. Every drug and chemical used in manufacture is carefully tested. Take, for example, our Quinine Pills. Every lot of sulphate of quinine, whether manufactured by ourselves or purchased in foreign or home markets, is accurately analyzed, and every deficiency in percentage is made up by adding quinine to our mass, and reducing the excipient in the same proportion, thus insuring the full amount of pure sulphate of quinine in each pill, as represented on label. As secrecy is generally observed in the manufacture of sulphate of quinine, it may not be generally known, that, incidental to a portion of the process, it is almost impossible to prevent more or less of the other alkaloids remaining in the salt in the form of sulphates; although our best brands contain a very small percentage and nearly all are free from cinchonia, which is easily separated; hence the necessity of making Quinine Pills only after an accurate analysis of the quinine used, and proper adjustment of the mass. To prove correctness in the synthesis, the first of every month, all sizes of our Quinine Pills are analyzed. The same care is observed with the scammony, aloes, etc., which we use in our Cathartic Pills.

COATING.—The coating of McKesson & Robbins' Pills is applied by a special process, and differs from all others in the fact that it is continuous, air-tight, and not porous, which are very important considerations in many delicate preparations, as phosphorus, phosphorus and iron, and other compounds. By this coating, the mass is perfectly protected from exposure to the air, which is not the case with sugar-coated, compressed, or so-called soluble pills.

SOLUBILITY.—The solubility of our coating and pills, may be readily and practically attested, by the administration of a dose of some formulas which are positive in their action, as cathartic, quinine, etc. The Gelatine we use (the same as is employed in making jelly for the sick) is quickly soluble in the stomach, at the same time it protects the mass from the air before being administered, and prevents the taste of the ingredients from being communicated to the mouth of the patient, before swallowing.

SHAPE.—It must be granted that the capsule or spheroidal shape is the form best adapted to the throat, and that the gelatine completely covers the taste, and renders the pill capable of being easily swallowed by the patient and accepted by the stomach, without nausea—important desiderata to the patient.

PERMANENCE.—The question whether MCKESSON & ROBBINS' Gelatine-Coated Quinine Pills will remain unaffected in warm, damp climates, seems to be satisfactorily answered in the following abstract of a letter from Aspinwall:

"Messrs. MCKEESSON & ROBBINS

"COMMISSARY DEPARTMENT,
PANAMA RAILROAD, ASPINWALL, U. S. C.

Gentlemen.—Almost everything perishes rapidly in this terrible climate, but your Gelatine-Coated Pills in bottles keep remarkably well. The dampness does not appear to have the least effect upon them, as long as they are kept in bottles.

"They are very popular here with those who dislike the intense bitterness of Quinine.

Yours respectfully, "THOS. M. CASH, Commissary."

PRICE LISTS AND SAMPLES FURNISHED UPON APPLICATION.

PRIVATE FORMULAS OF 3,000 OR MORE PILLS, MADE AND COATED TO ORDER.
COLOR OF QUININE PILLS.—In reply to inquiries in regard to CHANGE IN COLOR of our QUININE PILLS, we beg to state that the change is due to our using PUKE WHITE SULPHATE OF QUININE, instead of UNBLEACHED or the guaranteed standard of 90% Sulphate of Quinine as formerly, (the custom having been to employ 111 ounces of Unbleached Quinine, in place of 100 ounces of White Quinine.) This change to White has been made to avoid misrepresentation. The mass of our Pills has also been greatly improved, in appearance and solubility, by the use of our new excipient.
Very respectfully,
Very respectfully,

Very respectfully,
McKESSON & ROBBINS,
Wholesale Druggists and Manufacturing Chemists,
91 FULTON STREET, NEW YORK.

MCKESSON & ROBBINS' PILLS AND GRANULES,

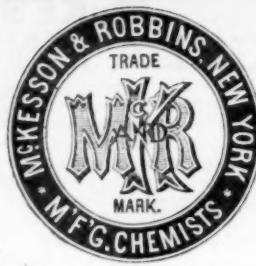
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Process and Machinery Patented,

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CHARCOAL, WILLOW, 5 grs.

The value of pure powdered Willow Charcoal in Dyspepsia, Indigestion and all affections arising from derangements of the stomach, such as Headache, Heartburn, &c., is well known. Its value must necessarily be much increased, since it is, for the first time, presented in a convenient, reliable and unobjectionable form, in our Gelatine-Coated Pills.

IRON, DIALYSED, 2 grs.

Made from Merck's scales or plates of Dialysed Iron, and, about 20 times the strength of the Solutions in market.

SALICIN, 2½ and 5 grs.

Salicin is becoming more and more favorably known in the treatment of Rheumatic affections, also as a Tonic, Astringent, and Anti-Periodic, and is best exhibited in our Gelatine-Coated Pills. In Acute Rheumatism, Salicin has been found very efficacious, and according to "The Lancet," not less certain, than Quinine is for the Ague. In large doses, it has been claimed to be an absolute specific in Corneitis (suppurative). Price, reduced.

MONOBROMATED CAMPHOR, 2 and 3 grs.

Is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in Infantile Convulsions from teething; Hysteria; Headache from over study or nervousness, and Nymphomania. (Dose, 3 to 4 grs.)

CALCIUM, SULPHIDE, 1-10 gr.

Strongly recommended in cases of Scrofulous and other unhealthy sores, Glandular Enlargement, Boils occurring in crops, &c." In many skin diseases, it is strongly indicated, being not only Anti-parasitic and Anti-herpetic, but also stimulant and tonic.

An eminent physician, who has given much attention to the use of Sulphide of Calcium and cites several very interesting cases of cures of Abscesses, through its medium. In his words: "The Sulphide of Calcium is indicated in Scrofulous and unhealthy sores and Glandular Enlargements, in Boils appearing in crops, and in carbuncles—in any diathesis with a tendency to Abscesses with suppuration."

CERIUM, OXALATE, 1 gr.

Used as a remedy in the sick stomach of pregnant women, and in the vomiting of pregnancy, as well as in Phthisis, Hysteria, Pyrosis and Atonic Dyspepsia. (Dose, 1 to 3.)

PHOSPHORUS, 1-100, 1-50, 1-30, 1-20, 1-12 gr.

The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state; while sugar, owing to its crystalline nature, is very porous, and will admit of rapid change in substances, of a delicate character, covered with it. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, McKesson & Robbins' Pills, $\frac{1}{2}$ & $\frac{1}{4}$ gr.

PHOSPHORUS COMPOUND AND IRON, McKesson & Robbins' Pills.

THERAPEUTICAL NOTES ON SOME SPECIALTIES IN McKESSON & ROBBINS' G. C. PILLS.

ERGOTIN PILLS,.......... 3 grs.

We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains, in the most potent form, all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the fluid preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynaecology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one-ounce bottles.

COCA EXTRACT,.......... 1 gr.

McKesson & Robbins' Solid Extract, made from freshly imported leaves, is used in these pills. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the physician to judge correctly of the value of this remedy. Coca Erythroxylon is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration, accompanying its use, is said not to be followed by any depressing effects.

JABORANDI EXTRACT,.......... 3 grs.

Made of McKesson & Robbins' Solid Extract. These pills present a much better and more acceptable form of administering this powerful Diaphoretic and Sialagogue, than any of the liquid preparations. Valuable in Rheumatism and all Syphilitic troubles of long standing. (Dose, 1 to 3.)

PHOSPHIDE ZINC,.......... 1-6, 1-4 and 1-2 gr.

The Phosphide of Zinc has been very successfully used by Drs. Hammond (see Dr. H.'s last book), Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia (see paper by Dr. Adolphus, St. L. Med. Jour., XIII. 471). P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

SANDAL WOOD EXTRACT,.......... 1 and 2 grs.

These pills contain both the oil and resin existing in Sandal Wood, are believed to be superior to the oil alone, and are more convenient of administration. The Extract is manufactured from the wood, in our laboratory.

SOLIDIFIED COPAIBA, WITH OLEO-RESIN CUBEB PILLS,.......... 3 and 5 grs.

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

QUININE, SULPHO-CARBOLATE,.......... 1, 2 and 3 grs.

This salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of Fever and Ague, and has proved itself eminently superior to the Sulphate of Quinine in all-malarial fevers.

PHYSICIANS' POCKET CASES FOR PILLS.

Having received many inquiries for our Gelatine-Coated Pills and Granules put up in a form convenient for practitioners, and, not finding any of the ready-made pocket cases in market desirable, we have devised a number of forms and sizes of our own. The number and variety of the formulas of our Pills, together with their ready solubility have, to a great extent, obviated the necessity of carrying the bulky medicine chest, with its solution and powders.

Circular, with cuts and prices, mailed upon application.

MCKESSON & ROBBINS' GRANULES.

ACONITIA,	.....	.....	1-60 gr.
ARSENIOUS ACID,	.....	.....	1-50, 1-40, 1-30, 1-20 gr.
ATROPIA,	.....	.....	1-60 gr.
BELLADONNA EXTRACT,	.....	.....	1-4 gr.
CALCIUM, SULPHIDE,	.....	.....	1-10 gr.
CODEIA,	.....	.....	1-16, 1-5 gr.
CORROSIVE SUBLIMATE,	.....	.....	1-40, 1-30, 1-20 gr.
DIGITALIA,	.....	.....	1-60 gr.
MERCURY, BIN-IODIDE,	.....	.....	1-25, 1-16 gr.
MERCURY, PROTO-IODIDE,	.....	.....	1-5, 1-4, 1-2 gr.
MORPHIA, ACETATE,	.....	.....	1-8, 1-4 gr.
MORPHIA, SULPHATE,	.....	.....	1-16, 1-10, 1-8, 1-6, 1-4 gr.
MORPHIA, VALERIANATE,	.....	.....	1-8 gr.
PODOPHYLLIN,	.....	.....	1-8, 1-4 gr.
QUINIA,	.....	.....	1-2, 1-4 gr.
STRYCHNIA,	.....	.....	1-60, 1-40, 1-30 gr.
SULPHUR, IODIDE,	.....	.....	1-25, 1-10 gr.
TARTAR EMETIC,	.....	.....	1-100, 1-20, 1-4 gr.
ZINC, PHOSPHIDE,	.....	.....	1-6, 1-4, 1-2 gr.

Physicians have experienced the need of a reliable and more pleasant form for administering those more potent remedies. The want of reliability, as exhibited in the Granules of the market by the varying action following their administration, has caused them to be avoided—and very justly—by most practitioners, who have preferred rather to use solutions, and trust to the custom of dropping, or using a teaspoon to measure their portions, although nearly as uncertain, owing to great difference in the sizes of teaspoons, and the fact that drops vary with the conditions and form of surface, from which they flow.

In our preparations, we have taken special precautions by enforcing our system of checking the weights, and, at large expense, have had our machines for division of the substances so carefully and correctly constructed, as to insure an exactness never before maintained in this class of preparations. We can, therefore, afford assurance to physicians of correct weight and perfect division. Our Granules have been appreciated and are being extensively used by the profession. Be careful and see that "McKesson & Robbins" is on the label.

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UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1878.

The Spring and Summer Session of 1878 in the Medical Department of the University of Louisville will commence on March 5th and continue till June 1st, with the following

CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin,	BY PROF. L. P. YANDELL, JR.
On Diseases of the Eye and Ear,	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology,	BY PROF. E. R. PALMER.
On Public Hygiene,	BY PROF. T. S. BELL.
On Clinical Diseases of Women,	BY PROF. JOHN E. CROWE.
On Clinical Surgery,	BY PROF. D. W. YANDELL.
On Nervous Maladies and Electrotherapy,	BY PROF. J. W. HOLLAND.
On Surgery,	BY PROF. R. O. COWLING.
On Practice of Medicine,	BY DR. W. O. ROBERTS.
On Anatomy and Physiology,	BY DR. H. A. COTTELL.
Chemistry and Materia Medica,	WORK IN LABORATORY.
On Obstetrics,	BY DR. W. H. LONG.
On Diseases of Children,	BY DR. R. B. GILBERT.
On Diseases of the Eye and Ear,	BY DR. W. CHEATHAM.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the MUSEUM, LIBRARY and APPARATUS of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustable supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week; Prof. JOHN E. CROWE twice a week, upon the Diseases of Women; Prof. L. P. YANDELL, Jr., twice a week, upon Clinical Medicine; Prof. BODINE twice a week, upon Diseases of the Eye and Ear; Prof. PALMER twice a week, upon Diseases of the Heart and Lungs; Prof. COWLING twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.,

Dean of University Summer School,

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THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids*.

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The growing appreciation by the medical profession of the United States of

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In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians :—

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2d. It has the great advantage of being *nearly tasteless*. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

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4th. It meets indications not met by that Salt.

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"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative ex-

amination for quinine, quinidine, and cinchonine, and cinchonidine. C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quinidine, cinchonine, and cinchonidine. S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

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"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.

"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate. DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.

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"I regard it as one of the most valuable additions ever made to our *materia medica*. GEORGE C. PITZER, M.D."

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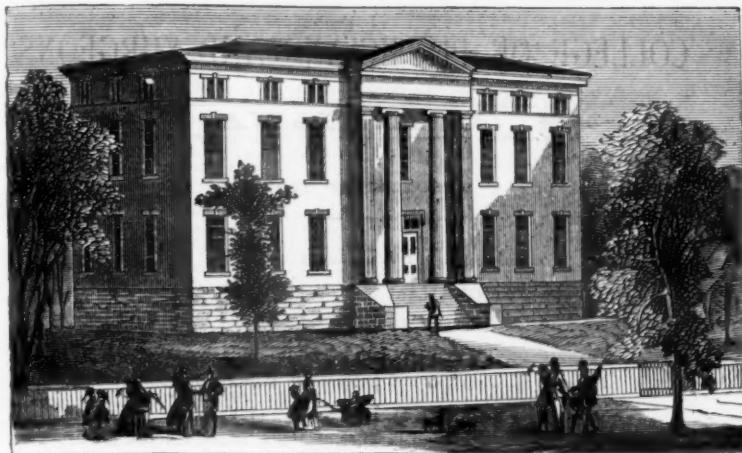
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JOHN E. CROWE, M. D.....Prof. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....Professor of Materia Medica and Medical Chemistry.
D. W. YANDELL, M. D.....Prof. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
R. O. COWLING, M. D.....Prof. of Surgical Pathology and Operative Surgery.
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Demonstrators' Ticket.....	10 00	Graduation Fee.....	30 00
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☞ A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

☞ For the Annual Circular containing full particulars, address

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J. W. HOLLAND, M. D., Sec'y of Faculty.

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OF INDIANA.

SESSION OF 1877-8.

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THEOPHILUS PARVIN, M. D.

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R. N. TODD, M. D., President of Faculty.

Professor of the Principles and Practice of Medicine and Clinical Medicine.

ISAAC C. WALKER, M. D.

Professor of Diseases of the Mind and Nervous System, and Clinical Medicine.

JOHN E. LINK, M. D.

Professor of Descriptive and Surgical Anatomy.

R. E. HAUGHTON, M. D.

Professor of Physiology and Clinical Medicine.

HENRY JAMESON, M. D., Secretary of Faculty.

Professor of Materia Medica, Therapeutics and Analytical Chemistry.

J. L. THOMPSON, M. D.

Professor of Diseases of the Eye and Ear.

JOSEPH EASTMAN, M. D.

Assistant to Chair of Surgery and Demonstrator of Anatomy.

A. O. LAWRENCE, M. D.

Assistant to Chair of Materia Medica, Therapeutics and Analytical Chemistry.

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The Preliminary Autumnal Term for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, October 2, 1878, and end about the first of March, 1879.

FACULTY.

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Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,

Emeritus Prof. of Surgery.

FODYCE BARKER, M. D.,

Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine
and Clinical Medicine.

WILLIAM M. POLK, M. D.,
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Clinical Medicine.

W. H. VAN BUREN, M. D.,
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of the Genito-Urinary System, and
Clinical Surgery.

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Professor of Pathological Anatomy and Histology,
Diseases of the Nervous System, and
Clinical Medicine.

Professors of Special Departments, Etc.

HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Optometry.

EDWIN L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of
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JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical
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J. LEWIS SMITH, M. D.,
Clinical Professor of Diseases of Children.

ERSKINE MASON, M. D.,
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LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and College building.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures.....	35 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Professor AUSTIN FLINT, JR., Secretary, Bellevue Hospital Medical College.

THE ST. LOUIS Medical and Surgical Journal.

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THE JOURNAL will contain a full Report of the Proceedings of the St. Louis Medical Society, and a Summary of all the Societies in Missouri, and of many in Illinois and other States, thus placing before its readers the latest views and experiences of the profession in all the Departments of Medicine, Practical as well as Theoretical.

It will be the aim of the Editors, in all respects, to maintain the high and honorable position it has so long held. No personalities shall ever soil its pages; when discussions can not be carried on without these, space in its columns will be declined.

Contributions of original Articles on both Medical and Scientific subjects are invited from all parts of the country.

Articles on the following subjects will appear in the present volume:

Contributions on Fractures. By JOHN T. HODGEN, M. D., Professor of Surgical Anatomy, Fractures and Dislocations in St. Louis Medical College.

Contributions on Syphilis. By THOS. KENNARD, M. D., of St. Louis.

Contributions on Lithotomy. By DAVID PRINCE, M. D., of Jacksonville, Ill.

Contributions on Genito-Urethral and Rectal Surgery. By W. HUTSON FORD, M. D., of St. Louis.

Contributions on the Present State of Pathology of Phthisis Pulmonalis. A Series of Papers by J. HILGARD TYNDALE, M. D., of New York City.

Contributions on Genesis. A Series of Papers. By the Associate Editor.

Contributions on Urinary and Renal Diseases. By JOHN BRYSON, M. D., of St. Louis.

Contributions on Medical Experts as Witnesses. By FRED. T. LEDERGERBER, Esq., of St. Louis.

Contributions on Nasal, Pharyngeal, Aural, Laryngeal and Bronchial Diseases. By the Editor.

From the above it will be seen that it is not the intention of the editors to confine THE JOURNAL to subjects relating to Medicine and Surgery alone; subjects collateral to these will receive attention, and such are invited from the profession. The departments of science are so closely connected as to make it almost impossible for a Physician or Surgeon to be proficient as such, without considerable knowledge of kindred branches.

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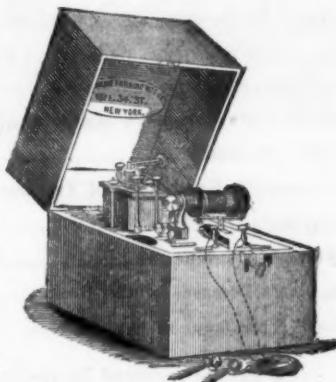
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McKESSON & ROBBINS' **GELATINE-COATED PILLS.**

We take occasion to thank the profession and trade, for their patronage of our Gelatine-Coated Pills, and request a continuance of the same. Full lines of our Pills have been established in all the large centres of trade, and in many of the smaller cities. To those living in remote places we will be happy to mail any formulas on our list, not procurable nearer home, at an expense of about 2 cents per 100.

We regret to announce that our attention has been called to several instances where other pills have been substituted by druggists when ours were desired, and even specified, by the physician. We believe that such instances are rare, but in some cases physicians have notified us of such breach of honor in the druggist.

SPECIFY McKESSON & ROBBINS'.

Reduction in Price of McKesson & Robbins' Quinine Pills. Send for List.

RELIABILITY.—We have expended much attention and money in perfecting our machinery, to insure exactness and uniformity of the masses and pills, and have engaged superior analytical ability, to guarantee quality of ingredients. Every drug and chemical used in manufacture is carefully tested. Take, for example, our Quinine Pills. Every lot of sulphate of quinine, whether manufactured by ourselves or purchased in foreign or home markets, is accurately analyzed, and every deficiency in percentage is made up by adding quinine to our mass, and reducing the excipient in the same proportion, thus insuring the full amount of pure sulphate of quinine in each pill, as represented on label. As secrecy is generally observed in the manufacture of sulphate of quinine, it may not be generally known, that, incidental to a portion of the process, it is almost impossible to prevent more or less of the other alkaloids remaining in the salt in the form of sulphates; although our best brands contain a very small percentage and nearly all are free from cinchonina, which is easily separated; hence the necessity of making Quinine Pills only after an accurate analysis of the quinine used, and proper adjustment of the mass. To prove correctness in the synthesis, the first of every month, all sizes of our Quinine Pills are analyzed. The same care is observed with the scammony, aloes, etc., which we use in our Cathartic Pills.

COATING.—The coating of McKesson & Robbins' Pills is applied by a special process, and differs from all others in the fact that it is continuous, air-tight, and not porous, which are very important considerations in many delicate preparations, as phosphorus, phosphorus and iron, and other compounds. By this coating, the mass is perfectly protected from exposure to the air, which is not the case with sugar-coated, compressed, or so-called soluble pills.

SOLUBILITY.—The solubility of our coating and pills, may be readily and practically attested, by the administration of a dose of some formulas which are positive in their action, as cathartic, quinine, etc. The Gelatine we use (the same as is employed in making jelly for the sick) is quickly soluble in the stomach, at the same time it protects the mass from the air before being administered, and prevents the taste of the ingredients from being communicated to the mouth of the patient, before swallowing.

SHAPE.—It must be granted that the capsule or spheroidal shape is the form best adapted to the throat, and that the gelatine completely covers the taste, and renders the pill capable of being easily swallowed by the patient and accepted by the stomach, without nausea—important desiderata to the patient.

PERMANENCE.—The question whether McKesson & Robbins' Gelatine-Coated Quinine Pills will remain unaffected in warm, damp climates, seems to be satisfactorily answered in the following abstract of a letter from Aspinwall:

"Messrs. McKESSON & ROBBINS.

"Gentlemen.—Almost everything perishes rapidly in this terrible climate, but your Gelatine-Coated Pills in bottles keep remarkably well. The dampness does not appear to have the least effect upon them, as long as they are kept in bottles.

"They are very popular here with those who dislike the intense bitterness of Quinine.

Yours respectfully,

"COMMISSARY DEPARTMENT.

PANAMA RAILROAD, ASPINWALL, U. S. C.

"THOS. M. CASH, Commissary."

PRICE LISTS AND SAMPLES FURNISHED UPON APPLICATION.

PRIVATE FORMULAS OF 3,000 OR MORE PILLS, MADE AND COATED TO ORDER.

COLOR OF QUININE PILLS.—In reply to inquiries in regard to CHANGE IN COLOR of our QUININE PILLS, we beg to state that the change is due to our using PURE WHITE SULPHATE OF QUININE, instead of UNBLEACHED of the guaranteed standard of 90% Sulphate of Quinine as formerly, (the custom having been to employ 111 ounces of Unbleached Quinine, in place of 100 ounces of White Quinine.) This change to White has been made to avoid misrepresentation. The mass of our Pills has also been greatly improved, in appearance and solubility, by the use of our new excipient.

Very respectfully,

McKESSON & ROBBINS,
Wholesale Druggists and Manufacturing Chemists,
91 FULTON STREET, NEW YORK.

MCKESSON & ROBBINS' PILLS AND GRANULES,

OF THE

U. S. PHARMACOPIA & OTHER RELIABLE FORMULAS,

GELATINE-COATED,

PROCESS and MACHINERY PATENTED,

91 & 93 Fulton, 80, 82 & 84 Ann Sts., N. Y.



NEW THERAPEUTICAL NOTES.

CHARCOAL, WILLOW, 5 grs.

The value of pure powdered Willow Charcoal in Dyspepsia, Indigestion and all affections arising from derangements of the stomach, such as Headache, Heartburn, &c., is well known. Its value must necessarily be much increased, since it is, for the first time, presented in a convenient, reliable and unobjectionable form, in our Gelatine-Coated Pills.

IRON, DIALYSED, 2 grs.

Made from Merck's scales or plates of Dialysed Iron, and, about 20 times the strength of the Solutions in market.

SALICIN, 2½ and 5 grs.

Salicin is becoming more and more favorably known in the treatment of Rheumatic affections, also as a Tonic, Astringent, and Anti-Periodic, and is best exhibited in our Gelatine-Coated Pills. In Acute Rheumatism, Salicin has been found very efficacious, and according to "The Lancet," not less certain, than Quinine is for the Ague. In large doses, it has been claimed to be an absolute specific in Corneitis (suppurative). Price, reduced.

MONOBROMATED CAMPHOR, 2 and 3 grs.

Is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in Infantile Convulsions from teething; Hysteria; Headache from over study or nervousness, and Nymphomania. (Dose, 3 to 4 grs.)

CALCIUM, SULPHIDE, 1-10 gr.

Strongly recommended "in cases of Scrofulous and other unhealthy sores, Glandular Enlargement, Boils occurring in crops, &c." In many skin diseases, it is strongly indicated, being not only Anti-parasitic and Anti-herpetic, but also stimulant and tonic.

An eminent physician, who has given much attention to the use of Sulphide of Calcium and cites several very interesting cases of cures of Abscesses, through its medium. In his words: "The Sulphide of Calcium is indicated in Scrofulous and unhealthy sores and Glandular Enlargements, in Boils appearing in crops, and in carbuncles—in any diathesis with a tendency to Abscesses with suppuration."

CERIUM, OXALATE, 1 gr.

Used as a remedy in the sick stomach of pregnant women, and in the vomiting of pregnancy, as well as in Phthisis, Hysteria, Pyrosis and Atonic Dyspepsia. (Dose, 1 to 3.)

PHOSPHORUS, 1-100, 1-50, 1-30, 1-20, 1-12 gr.

The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state; while sugar, owing to its crystalline nature, is very porous, and will admit of rapid change in substances, of a delicate character, covered with it. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, McKesson & Robbins' Pills, ½, ¼ & ⅛ gr.

PHOSPHORUS COMPOUND AND IRON, McKesson & Robbins' Pills.

McKesson & Robbins' pure are thoroughly tested by a competent chemist

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THERAPEUTICAL NOTES ON SOME SPECIALTIES IN

MCKESSON & ROBBINS' G. C. PILLS.

ERGOTIN PILLS,..... 3 grs.

We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains, in the most potent form, all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the fluid preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynaecology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one-ounce bottles.

COCA EXTRACT, 1 gr.

Mckesson & Robbins' Solid Extract, made from freshly imported leaves, is used in these pills. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the physician to judge correctly of the value of this remedy. Coca Erythroxylon is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration, accompanying its use, is said not to be followed by any depressing effects.

JABORANDI EXTRACT, 3 grs.

Made of McKesson & Robbins' Solid Extract. These pills present a much better and more acceptable form of administering this powerful Diaphoretic and Sialagogue, than any of the liquid preparations. Valuable in Rheumatism and all Syphilitic troubles of long standing. (Dose, 1 to 3.)

PHOSPHIDE ZINC, 1-6, 1-4 and 1-2 gr.

The Phosphide of Zinc has been very successfully used by Drs. Hammond (see Dr. H.'s last book), Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in several cases of Neuralgia (see paper by Dr. Adolphus, St. L. Med. Jour., XIII, 471). P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

SANDAL WOOD EXTRACT, 1 and 2 grs.

These pills contain both the oil and resin existing in Sandal Wood, are believed to be superior to the oil alone, and are more convenient of administration. The Extract is manufactured from the wood, in our laboratory.

**SOLIDIFIED COPAIBA, WITH OLEO-RESIN CUBEB
PILLS,** 3 and 5 grs.

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

QUININE, SULPHO-CARBOLATE,..... 1, 2 and 3 grs.

This salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of Fever and Ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

PHYSICIANS' POCKET CASES FOR PILLS.

Having received many inquiries for our Gelatine-Coated Pills and Granules put up in a form convenient for practitioners, and, not finding any of the ready-made pocket cases in market desirable, we have devised a number of forms and sizes of our own. The number and variety of the formulas of our Pills, together with their ready solubility have, to a great extent, obviated the necessity of carrying the bulky medicine chest, with its solution and powders.

Circular, with cuts and prices, mailed upon application.

MCKESSON & ROBBINS' GRANULES.

ACONITIA,	.....	1-60 gr.
ARSENIOUS ACID,	.....	1-50, 1-40, 1-30, 1-20 gr.
ATROPIA,	.....	1-60 gr.
BELLADONNA EXTRACT,	.....	1-4 gr.
CALCIUM, SULPHIDE,	.....	1-10 gr.
CODEIA,	.....	1-16, 1-5 gr.
CORROSIVE SUBLIMATE,	.....	1-40, 1-30, 1-20 gr.
DIGITALIA,	.....	1-60 gr.
MERCURY, BIN-IODIDE,	.....	1-25, 1-16 gr.
MERCURY, PROTO-IODIDE,	.....	1-5, 1-4, 1-2 gr.
MORPHIA, ACETATE,	.....	1-8, 1-4 gr.
MORPHIA, SULPHATE,	.....	1-16, 1-10, 1-8, 1-6, 1-4 gr.
MORPHIA, VALERIANATE,	.....	1-8 gr.
PODOPHYLLIN,	.....	1-8, 1-4 gr.
QUINIA,	.....	1-2, 1-4 gr.
STRYCHNIA,	.....	1-60, 1-40, 1-30 gr.
SULPHUR, IODIDE,	.....	1-25, 1-10 gr.
TARTAR EMETIC,	.....	1-100, 1-20, 1-4 gr.
ZINC, PHOSPHIDE,	.....	1-6, 1-4, 1-2 gr.

Physicians have experienced the need of a reliable and more pleasant form for administering these more potent remedies. The want of reliability, as exhibited in the Granules of the market by the varying action following their administration, has caused them to be avoided—and very justly—by most practitioners, who have preferred rather to use solutions, and trust to the custom of dropping, or using a teaspoon to measure their portions, although nearly as uncertain, owing to great difference in the sizes of teaspoons, and the fact that drops vary with the conditions and form of surface, from which they flow.

In our preparations, we have taken special precautions by enforcing our system of checking the weights, and, at large expense, have had our machines for division of the substances so carefully and correctly constructed, as to insure an exactness never before maintained in this class of preparations. We can, therefore, afford assurance to physicians of correct weight and perfect division. Our Granules have been appreciated and are being extensively used by the profession. Be careful and see that "McKesson & Robbins" is on the label.

A physician in St. Louis, who has for some time been using our Pills, prescribed "**Gelatine-Coated Phosphorus Pills, 1/2 gr.**" intending to have the **McKesson & Robbins** Pills dispensed, but did not perceive the usual effects after administering them to the patient. Upon investigation, he found the Pills resembled ours somewhat in external appearance, but on cutting one open, he found it contained hardly a trace of Phosphorus. The doctor went to the druggist, who had dispensed the prescription, and found that, not having our Phosphorus Pills in stock, he had dispensed an imitation; the druggist claimed that he was warranted in so doing, as the physician had not taken the precaution to put the name **McKesson & Robbins** upon his prescription, although the physician had been in the habit of specifying our pills, and the druggist knew it. We have had our attention called to several cases of this character, regarding the Quinine Pills, Morphia Granules and others, when, on failing to obtain results, the physicians have found that they were being imposed upon by imitations; this has induced them to write "**McKesson & Robbins' C. C. Pills**" in full upon their prescriptions and add, "**send no others.**" We have full lines of our Pills in all of the large, and in most of the small cities, and there is no excuse for substituting imitations.

Price Lists furnished upon application. See list of formulas, last page.

Private Formulas, of 3,000 or more Pills, Made and Coated to Order.

McKESSON & ROBBINS, 91 Fulton Street, New York.

UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1878.

The Spring and Summer Session of 1878 in the Medical Department of the University of Louisville will commence on March 5th and continue till June 1st, with the following

CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin,	BY PROF. L. P. YANDELL, JR.
On Diseases of the Eye and Ear,	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology,	BY PROF. E. R. PALMER.
On Public Hygiene,	BY PROF. T. S. BELL.
On Clinical Diseases of Women,	BY PROF. JOHN E. CROWE.
On Clinical Surgery,	BY PROF. D. W. YANDELL.
On Nervous Maladies and Electrotherapy,	BY PROF. J. W. HOLLAND.
On Surgery,	BY PROF. R. O. COWLING.
On Practice of Medicine,	BY DR. W. O. ROBERTS.
On Anatomy and Physiology,	BY DR. H. A. COTTELL,
Chemistry and Materia Medica,	WORK IN LABORATORY.
On Obstetrics,	BY DR. W. H. LONG.
On Diseases of Children,	BY DR. R. B. GILBERT.
On Diseases of the Eye and Ear,	BY DR. W. CHEATHAM.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the textbooks, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the MUSEUM, LIBRARY and APPARATUS of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week; Prof. JOHN E. CROWE twice a week, upon the Diseases of Women; Prof. L. P. YANDELL, Jr., twice a week, upon Clinical Medicine; Prof. BODINE twice a week, upon Diseases of the Eye and Ear; Prof. PALMER twice a week, upon Diseases of the Heart and Lungs; Prof. COWLING twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.,
Dean of University Summer School,
263 W. Walnut St., LOUISVILLE.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids*.

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION,—a combination which in practice is *preferable to perfect isolation or separation of these alkaloids*.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians:—

1st, It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless*. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly*: the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say:—

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found and hereby certify that I found these alkaloids in it to contain quinine, quinidine, cinchonine, cinchonidine." F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO,
Feb. 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative ex-

amination for quinine, quinidine, and cinchonine, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quinidine, cinchonine, and cinchonidine."

S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.

"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.

"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate. DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.

"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated. DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.

"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.

"I regard it as one of the most valuable additions ever made to our *materia medica*. GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.

"I believe that the combination of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.

"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY,
908 East Cumberland St., Philadelphia, Penn.
Feb. 29, 1876.

"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.

"F. A. GAMAGE, M.D."

 Price-Lists and Descriptive Catalogues furnished upon application.

BILLINGS, CLAPP & CO., Manufacturing Chemists,

(SUCCESSORS TO JAMES R. NICHOLS & CO.)

BOSTON, MASS.

